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# GENERAL PRACTITIONER.

## A MANUAL

FOR THE PRACTICE OF MEDICINE, EMBRACING NEARLY ALL  
THE DISEASES OF THE VARIOUS BRANCHES OF THE  
HEALING ART, WITH THEIR SEVERAL DEFINITIONS,  
SYMPTOMS AND CAUSES.

## THE DESCRIPTIVE PART

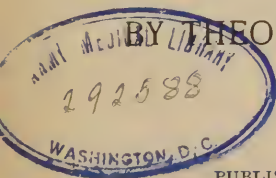
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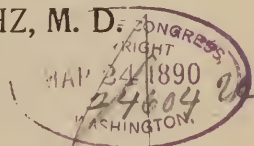
WITH FULL NOTES OF THEIR PROPERTIES AND VALUE, AND CLEARLY STATED  
RULES AS TO THE MANNER OF THEIR EXHIBITION.

## AN APPENDIX

CONTAINS COMPARATIVE TABLES OF WEIGHTS AND MEASURES, AND AN  
EXCELLENT METHOD OF TESTING URINE.



BY THEODORE STREHZ, M. D.



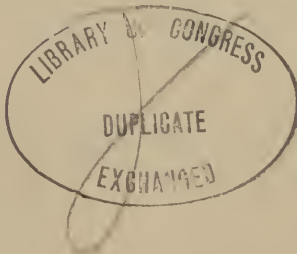
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TO  
DR. JOH. NEP. RITTER VON NUSSBAUM,  
PROFESSOR AT THE ROYAL UNIVERSITY OF MUNICH, GERMANY,  
SURGEON IN CHIEF OF THE ARMY, ETC., ETC.,  
IN RECOGNITION  
OF HIS DISTINGUISHED ABILITY AS A SURGEON AND HIS NOTED  
LABORS IN THE FIELD OF MEDICAL SCIENCE, TO-  
GETHER WITH HIS PERSONAL AMIABILITY  
AS GENTLEMAN AND FRIEND,  
THE AUTHOR TAKES PLEASURE IN DEDICATING  
THIS VOLUME.



## PREFACE.

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In launching this book into the sea of medical life, the author is very well aware that it is not a full ship; but among the smaller craft it is sure to take the rank of a trustworthy life-boat. As would be expected, the matter treated of in this work is neither new nor original; but the author claims for the form in which it has been pressed, not only originality, but real practical utility, and as it is expected to furnish to a large circle of the medical profession a veritable hand-book, "*for reference, of service, in any case, whatever its nature may be,*" hopes that it will prove a true friend to many a practitioner into whose hands it should fall. To avoid a wrong interpretation of the above assertion it will be necessary to add, that "*any given case*" will have something of an analogon "*of service*" to the reflective physician.

The therapeutical part, with an introductory paragraph on poisoning and other cases of emergency, which require prompt and energetic treatment, is presented in three divisions: Internal, hypodermic, and external medication. The medicines for internal use are classified according to their physiological and therapeutical action in Chapter I, while the remedies for hypodermic medication (which form, after all, a part of them) are arranged alphabetically in Chapter II; and the topicals, with which are also classed electricity, hydropathic items, and those remedial agents used for inhalations, rectal, urethral, and vaginal medication—since they for the most part belong to the domain of surgery and collateral branches—are enumerated in Chapter III, under the heads of the various organs to which they are applied for curative purposes. The omission of many new, though perhaps important remedial agents, will be excused, because the reliability of the work must largely depend upon

the employment of drugs of known properties, and beyond the stage of experimentation. Part II. gives in concise form the essentials of the medical art, including Obstetrics, Gynæcology, Pediatrics, Neurology, Dermatology, and all those branches, which, being treated of in purely medical and surgical works but sparingly, if at all, represent that important part of subdivisions which claim of late the special attention of therapeutists.

As by far the greater number of prescriptions are selected from standard works, though not authenticated by the names of their respective originators being attached to them, they may be used with perfect confidence; and the formulæ, both of official and non-official compounds much in use, and to be prepared *ex tempore*, will be a welcome addition, especially to the country practitioner. The occasional dosage of these formulæ and prescriptions, *par excellence*, in metric weight, is calculated to make him acquainted with a system which before long is sure to be adopted in the United States, as it is already in use in most European countries. Besides a table for converting one kind of weight into the other, the doses of all the remedies are given in apothecaries' weight, with its equivalent of the decimal system.

I may mention that I have advisedly made an indiscriminate, though by no means exhaustive, use of the different names of one and the same remedy in the prescriptions for the purpose of bringing into full view the existing confusion, and if, with regard to the chemicals, I have given a preference to the nomenclature employed in Germany, it has been on the ground that it is the one in conformity with the symbols used in works on chemistry, not only in that country but also here and in England.

In conclusion I wish to say that the views held in this work are strictly in conformity with the teachings of authorities on the various subjects here and abroad—thus representing the present state of medical science—and I need scarcely add, that nobody will make me responsible for their correctness, as I am perfectly aware of their not infrequent collision with the opinions and theories of practitioners of undoubted ability.

THEODORE STREHZ.

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## PART I.

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### THERAPEUTICS.

INTRODUCTORY—DROWNING, STRANGULATION, POISONING and other cases of emergency which require prompt and energetic treatment. (For other cases of Asphyxia, Insolation, Poisoned wounds, etc., see part II).

ASPHYXIA FROM DROWNING—Let the head hang down for two seconds, that the water may run out of the mouth. Now lay down the body with the head raised, wipe out the mouth and throat, draw the tongue well forward and dry the face; then have the wet clothes stripped off and the rest of the body rubbed dry. If breathing has not quite ceased, the nose and fauces may be tickled to excite sneezing, coughing or vomiting, and the circulation and respiratory acts should be roused by brisk friction, occasionally dashing cold water on the face, neck and chest, and then wiping them dry with a warm towel. If these means fail, Artificial Respiration.\* Warm spiced wine may be given, if the patient can swallow, if not, it may be introduced into the stomach by means of a flexible catheter and syringe. Warm

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\* MARSHALL HALL'S PLAN—Have the patient placed on his chest, with one wrist under the forehead; then roll the body over on the side *far enough to remove the pressure of its weight on the thorax*, to facilitate respiration; now, after two seconds, return it to its normal position, in which you leave it also for two or three seconds. In this prone position the expiratory act may be increased by some pressure with the hands along the back. These movements of alternate compression

enemata, with salt and mustard, or of brandy and water, may be of service in the early stage, whilst the heart's action is faltering. One point is to be enforced: Treat the patient *instantly on the spot*, in the open air, freely exposing the face, neck and chest to the breeze, except in severe weather.

DEATH FROM HANGING OR STRANGULATION, which is usually induced by a mixed cause—suffocation and apoplexy (the latter, when the rope or strangling implement has been applied so high on the neck, that the *jugulars* are more effectually compressed than the wind-pipe), seldom by dislocation of the neck, requires a similar treatment: dashing of cold water on chest and face; if the latter be turgid, bleeding from the jugular vein; and Artificial Respiration. (p. 1\*). In cases not complicated with apoplexy, the diaphragm may be excited by the passage of a galvanic current from the nape of the neck to the pit of the stomach.

ASPHYXIA FROM BREATHING NOXIOUS GASES, is treated on the same principle: The body must be stripped at once, cold water dashed over the head and chest and Artificial Respiration. (p. 1\*). Chest and limbs should be rubbed with stimulating embrocations, and electric shocks sent through chest and diaphragm may be tried.

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and expansion should be gently but perseveringly continued *until natural respiration sets in, but no longer.*

BY PECTORAL CONCUSSION—About fifteen consecutive movements are made with both fists, placed in the ileo-coecal region, in the direction of the diaphragm and heart, followed each time by a few brisk slaps in rapid succession on the chest over the heart with the palm of the hand. The single movements must be performed with a certain vigor, as if the contents of the chest had to be forced out of the mouth.

*In all cases, before commencing artificial respiration, clear the mouth and air passages from obstruction.*

Afterward the patient should be put in a warm bed and Stimulants given.

ASPHYXIA FROM LIGHTNING claims the same treatment: Stimulants internally and electricity are said to be here especially useful.

SUSPENDED ANIMATION INDUCED BY INTENSE COLD.—Here the body is first rubbed with snow or iced water, then with water of the usual temp., which is very gradually replaced by warmer water, when the patient is put to bed in a temperate room, where friction with the warm hand should be continued for some time. (The same procedure is indicated if only part of the body is affected, because the sudden application of heat would be sure to cause mortification.) Volatile Essences applied to the nose; Stimulants internally or by injection; and, if necessary, Inflation of the lungs.

ANTIDOTES\* TO ANORGANIC POISONS.—*Green of Paris* and other *arsenical preparations*: The principal antidote is freshly prepared Hydrated Sesquioxide of Iron, given in large quantities (p. 80). Besides milk gruel, Albumen (156); Magnes. (112); Aq. Calcis, etc.

*Mercury and its Salts*: Albumen in the shape of the white of eggs (156). Catechu as infusion (p. 63); flour

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\**General Treatment of Poisoning*.—In addition to the treatment of *Gastritis*, which is always caused by *acrid* and *corrosive poisons*, the evacuation and neutralization of the poisonous substance claim primary attention. *Emetics* (pp. 100 and 101) are to be promptly given, and, if they fail, the *stomach-pump* (297) must be resorted to, provided the poison be one which can be ejected. After having the stomach evacuated, the required *antidote* may be given, followed, if necessary, by *Cathartics* and *Diuretics*. In *poisoning* with *corrosive acids* the necessary antidote has to be given at once, and the vegetable irritants, as *Aloes*, *Elaterium*, *Jalap*, *Croton*, etc., require after the emetic warm and copious *Demulcents*, with *Cordials* or *Narcotics*, according to circumstances. Drowsiness or insensi-

and water, followed by an Emetic (p. 100). The stomach-pump. In *chronic poisoning* (*Salivation*): Pot. chlor. or Pot. iod. (298 & 300) as gargle.

*Verdigris* and other *Copper preparations*: Albumen (156); Pot. cyanat. (66); Milk; Tea. Infusion of *Oak-bark*, etc. (*no acids*).

*White Vitriol* and other *Zinc preparations*: Albumen (156); Soda (p. 55); Tannin (p. 62); Milk; *Oakbark*. If vomiting, plenty of warm water.

*Nitrate of Silver*: Table salt in solution freely.

*Lead* and its *Salts*: Magnes sulf. (p. 95); Sod. phosph. (p. 97); Acid. sulfuric. (p. 61); Alumen (p. 63). To relieve pain and spasms: Opium (p. 35). In the chronic form: Iodine (p. 15); Strychnine (p. 83).

*Tartar Emetic*: Tannin (p. 62); Tea; *Oakbark*, etc. Besides *Stimulants*.

*Mineral Acids*: Alkaline Carbonates or Soap; Plaster from the wall with milk or water; Chalk; Magnesia (112). In *Sulfuric acid poisoning*: Plaster or Soap without water, afterward flaxseed tea. In *Oxalic acid poisoning*: Chalk or Magnes. but *no Alkalies*. In *Carbolic acid poisoning*: Soap or Magnesia; Sod. sulf. or

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bility as a consequence of *narcotic poisoning* may be treated with *strong hot coffee*, after the stomach has been evacuated by means of *Purgatives*, or *Apomorph.* hypod. (p. 107), or some other emetic; and if syncope or paralysis of the respiratory movements have been induced by the poison, *Stimulants* must be given to counteract the former, whilst the latter may be treated with *cold affusions*, *irritation of the skin*, *artificial respiration*, *excitation of the Pneumogastric* by *Atropia*, etc., etc.

As the *Antidotes* act either chemically, by destroying the properties of the poison, or *physiologically* by their antagonistic power, it is of vital importance to arrive as soon as possible at a *correct diagnosis*.

Sulf. acid. (p. 16); Sacch. Calcium in strong solution. In *Bichrom. acid. poisoning*: Chalk or Magnesia with milk.

*Ammonia and Alkalies*: Vinegar and Vegetable acids; Oil and Demulcents.

*Alcohol*: Strong Coffee; Cold douche; Ammon. (p. 43); Salt (p. 101); Brom. (p. 25); Cocaine (pp. 77 & 109).

*Brom.*: Amylum; Magnesia (112); Ammonia (p. 43).

*Chloral*: Counter-irritants, Cardiac Stimulants and maintaining the bodily heat (as in *Opium*).

*Chlorine*: Album. (156); Magnes. (112); Mucilag. drinks.

*Chloroform*: Head low and feet elevated; Inhalation of Ammonia (316); Cold water to chest and ice to rectum. Brandy hypoderm.; Artificial Respiration (p. 1\*).

*Creosot.*: Albumen (156).

*Iodine*: Amylum; flour and water; afterward vinegar and water; and mucilaginous drinks.

*Phosphor.*: Magnesia (112); Terebinthina (150).

ANTIDOTES (p. 3\*) TO ORGANIC POISONS.—*Aconite*: Warmth, friction and veget. Astringents (p. 62); Opium (p. 35); Digital. (p. 78), to support the heart's action.

*Belladonna*: Vegetable Astringents (p. 62); Morph. hypoderm. in small and repeated doses (p. 110); Jaborandi (109); Apomorphine (p. 107).

*Calabar*: Atropin (pp. 23 and 108), to antagonize the respiratory depression. Artificial Respiration (p. 1\*).

*Cannabis* like *Opium*.

*Cantharis*: Opium (p. 35); Camphor. (p. 28); Demulcents and warm bath.

*Colchicum* Coffee; Tannin (p. 62); Demulcents and Stimulants. Digitalis (p. 78); Opium (pp. 35 & 48).

*Conium*: Stimulants; Atrop. (pp. 23 & 108); Strychnin (p. 83); Opium (pp. 35 & 110); Artif. Respiration (p. 1\*).

*Cyan.* (Aq. laurocerasi—Ol. Amygd. am, etc.): Cuprum (p. 100); Ferrum (143); Ammonia (p. 43). Cold douche and Artificial Respiration (p. 1\*).

*Digitalis*: Horizontal position; Tea; Coffee; Stimulants; Tannin (p. 62); Albumen (156); Opium (p. 35).

*Ergot*: Brandy and Demulcents with hot applications to body. *Digitalis* (p. 78).

*Gelsemin*: Brandy; Ammon. (p. 44); Digital. (p. 78); Bellad. (pp. 23 & 108); Artificial Respiration (p. 1\*).

*Hyoscyamus* like *Belladonna*.

*Lobelia*: Brandy; Counter-irritation; Tannin. (p. 62); Anodynes (p. 20).

*Opium*: Continuous motion; strong Coffee or Tea; cold Douche; Emetic (p. 101); Caffein (163); Tannin (p. 62); Cocaine (pp. 77 & 109); Bellad. (pp. 23 & 108); *Digitalis* (p. 78); Artificial Respiration (p. 1\*).

*Santonin*: Emetics and Laxatives (p. 104); Chloroform (pp. 30 & 109).

*Strychnin*: Coffee; Tea; Brandy (p. 73); Tannin (p. 62); Brom. (p. 27); Chloral (p. 30); Calabar (270); Inhalations of Chlorof. or Amyl. (304 & 308). Infus. Chamom. p. os et p. anum; Tobacco-enema. Artif. Respir. (p. 1\*).

*Tabaccum*: Brandy (p. 72); Opium (p. 35); Digital. (p. 78); Strychnin (p. 83). Inhalation of Ammonia and Artificial Respiration (p. 1\*).

*Veratrum viride*: Brandy by mouth and rectum (p. 72); Ammonia (p. 43); Opium (p. 35); friction to body.

*Animal Poison* (Snake-bite, etc.): Cauterization of wound with Arg. nitr. or Nitr. Acid (329). Alcoholic Stimulants (p. 72); Ammon. (p. 43); Cedron (p. 10).

## SECTION I.

### RECONSTRUCTIVES.

They comprise ALTERATIVES, ANTIPERIODICS, ANTISTRUMOUS, ANTISYPHILITICS, ANTISEPTICS, ANTIZYMO-  
TICS, in fact, all those medicines which have a decided  
effect on certain cachectic conditions of the blood, and  
through either their destructive or reconstructive power  
assist the *vis medicatrix nature* in her efforts to repro-  
duce the natural state of the various constituents of the  
human body.

ACID. NITRIC. d: Alterative, Antilithic.

ARSENIC.: Alterative Antiperiodic, Anticonvulsive,  
Nerve Tonic.

AURUM: Antiscrofulous, Antisymphilitic.

BAPTISIA: Antiseptic, Cathartic.

BARIIUM: Antiscrofulous, Anthelmintic.

CEDRON: Antiperiodic.

CHININ.: Antiperiodic, Antiseptic, Antispasmodic,  
Antineuralgic, Antipyretic, Tonic.

CHROM.: Antiseptic.

FUCUS: Alterative.

GUAYACUM: Alterative, Diaphoretic, Stimulant.

HYDRARGYRUM: Alterative, Antisymphilitic, Antiphlo-  
gistic, Cholagogue, Sialogogue, Cathartic.

IODUM: Alterative, Antiscrofulous, Antisymphilitic.

NAPHTHALIN: Antiseptic. .

PHENOL: Antiseptic.

PULSATILLA: Alterative, Emmenagogue.

RESORCIN: Antiseptic, Antipyretic, Hæmostatic.

SALICIN: Antiperiodic, Antizymotic, Antiarthritic.

SARSAPARILLA: Alterative, Diuretic.

SILICIA: Antiarthritic.

SULFIDES: Antisuppurative.

SULFITES: Antizymotic.

THYMOL: Antiseptic.



1.	2b.
<p>℞ Acidi nitrici d. 3 j. Dec. Saisæ Oj. To be taken during one or two days.      <i>Syphilis.</i></p>	<p>℞ Liq. arsenic. Donovan. 3 ij. Gtt. x ter die p. cibum. <i>Tumor within Brain.</i></p>
2a.	2c.
<p>℞ Arsenici iod.      0.2. Extr. Conii      2.5. F. pilulæ 35, ut singulæ contineant 0.0057. j ter die p. cibum. <i>Gout (rheumatic).</i> <i>Cutan. Erupt.</i></p>	<p>℞ Sol. arsenic. Fowl. 3 ij. Gtt. v. ter die p. cibum. <i>Gastralgia.</i></p> <p>3a. ℞ Auri et Sod. Chlor. gr. j. Argillæ ʒij. Divide in 20 p. æquales. j ter die.      <i>Spermatorrhœa.</i></p>

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Acidum nitricum dil.: gtt.	2—20 = 0.15 —1.5.
Arsenicum album: gr.	1-40—1-8 = 0.0015—0.008.
“ iod.: gr.	1-20—1-5 = 0.003 —0.012.
“ Sol. Don.: gtt.	3—15 = 0.2 —1.0.
“ “ Fowl.: gtt.	2—10 = 0.12 —0.6.
Auri et Sodii Chlor.: gr.	1-20—1-10 = 0.003 —0.006.

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*Acid. nitric. dilutum* is also used in Physometra. Gtt. viij—x sextis horis in Intermittens. See sections III & v.

*Arsenic* must *never* be given on an empty stomach, and it must be stopped when there is itching of the conjunctiva. Its specific effects aside from the itching are: Œdema and stiffness of the eyelids and face, tenderness of mouth, itching of the skin and uneasiness about the stomach. It is frequently used in Chronic Eczema, Lichen, and the scaly diseases—Lupus, Lepra, Psoriasis; and in some skin diseases it is valuable for subduing pain. It is also used in Chronic Bronchitis, Cystic Goitre, Chorea, and Vomiting of Drunkards.

In Rheumatic Gout it is said to be superior to any other remedy, and in conjunction with *Tannin* it is preferable to *Quinine*. The average dose is gr. 1-10 ter die; gr. 1-20 ter die in Cancer or Irritable Uterus.

3b.		5a.	
℞ Auri et Sod. Chlor. 0.1.	℞ Barii Chloridi		
Aquæ destillatæ 50.0.	Extr. Conii $\hat{a}$		2.0.
Gtt. xx. ter die. <i>Syphilis.</i>	Vini stibiat.		5.0.
(secondary.)	Aq. destillatæ		20.0.
(To increase to 50.)	Gtt. xx—xxx tertiis horis.		
4.		<i>Orchitis (chronic).</i>	
℞ Tr. Baptisiæ Rd.		5b.	
“ Gentian.comp. $\hat{a}$ 3 ij.	℞ Barii chlorati		2.0.
Glycerini $\frac{3}{4}$ ss.	Aq. destillatæ		30.0.
Gtt. v—xx omni hora.	Gtt. v—x semel vel bis die.		
<i>Typhus.</i>	(2 to 3 years.)		<i>Scrofula.</i>
4b.		6.	
℞ Tr. Baptisiæ 3 ij.	℞ Cedron. Simab.		
Elix. simpl. ad $\frac{5}{8}$ ij.	Cort. Cinchonæ $\hat{a}$ 0.5.		
3 j hourly. <i>Scarlatina.</i>	During cold stage.		
(malignant.)	<i>Intermittens.</i>		

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Baptisia Tr.: gtt. 20—60 = 0.65—2.0.

Barii Chloridum: gr. 3—10 = 0.20—0.65.

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*Fowler's Solution:* gtt. v—x ter die in Intermittens.  
*Arsen. chloro-phosph.*: gtt. xv—xx ter die post cibum in Sexual Weakness, Nervous Exhaustion, Loss of Memory, or Threatening Insanity.

Cigarettes made of paper, saturated with a strong solution of Sod. arsen. are smoked in Asthma.

Donovan's Solution: Arsen. iod.

Hydr. biiod.  $\hat{a}$  gr. xxxv, Aq.  $\frac{3}{4}$  viij.

*Auri et Sod. Chlor.* is similar in its effects to Sublimate, but is most used in premature decline of sexual powers; and in Locomotor Ataxia, early and persistently exhibited, it will arrest the disease(?)—As sugar and other organic substances reduce the gold, the salt should be given in Aqua destillata, or as pill with Argilla.

*Baptisia* is sometimes given in Diphtheria and in putrid ulceration of the buccal mucous membrane.

*Cedron* is with the inhabitants of Dutch Guiana a popular antidote for snake bite. Dose, gr. j—ij.

7a.	7c.
℞ Chinini Sulfatis	℞ Chin. sulfurici
Acid. sulf. d. $\widehat{a}$ 3 ss.	Extr. Gentianæ, $\widehat{a}$ 3 j.
Syr. Aurant. C. $\frac{5}{3}$ ij.	F. pilulæ 24.
Aq. font. $\frac{5}{3}$ jv.	j vel ij quartis horis.
$\frac{5}{3}$ j omni hora. <i>Pneumonitis</i>	(Until cinchonism; and to
(abortive.)	begin, if possible, in the
7b.	sweating stage.) <i>Intermittens</i>
℞ Chinini sulf. 3 ss.	8.
Tr. Ferri chlor. 3 ij ss.	℞ Cinchonid. tannici 1.0.
Aquæ fontanæ $\frac{5}{3}$ v.	Syrupi Rhei 40.0.
$\frac{5}{3}$ ss quartis horis.	3 j bihorio vel tertiis horis.
(The first dose may be	<i>Teething.</i>
doubled.) <i>Septicæmia.</i>	(with constipation.)
Chin. Sulfas: gr. 1—40	= 0.065—2.6.
Cinchonid.: gr. 3—30	= 0.2 —2.0.

*Quinine* has a marked influence on pulse and temperature, lessening at the same time the amount of uric acid and urea in the urine. Taken for some time, or in large doses, it produces Cinchonism—tinnitus aurium, with partial deafness, coupled with severe headache; sometimes dimness of sight, (suffused eyes and dilated pupils) with flushed face; and not unfrequently delirium, even convulsions may supervene. In *Intermittens* and other fevers of malarial origin, it is the remedy, *par excellence*. In pernicious *Intermittens* ℞j every 3 hours unless Cinchonism; per rectum the dose may be larger. In the varieties of Typhus, especially that termed Cerebro-Spinal Meningitis, it is given in similar doses, in conjunction with alcoholic stimulants. A ℞j dose in Bronchitis is said to be abortive, and from ℞i to ℞ij may be given in Typhoid before the evening exacerbation. It is contra-indicated during menstruation, as it may produce hypogastric pain. See section v.

*Cinchonid. tann.* 0.1—0.3 every hour or half hour in febrile diseases and Cholera Infantum; and in weak children, with worms, it is very valuable. See sec. viii.

9.		12a.	
℞ Pot. Chromatis	0.1.	℞ Calomel, gr. xxjv.	
vel Bichrom.	0.01.	Opii gr. jv.	
Aq. dest.	40.0.	F. pil. 12.	
3 j ter die	<i>Syphilis.</i>	j bis die until ptyalism; then	
	(secondary.)	every-other-night one.	
	10.		<i>Chancere.</i>
℞ Extr. Fuci vesiculosi	Vel:		
Elix. simpl. $\hat{a}$ 3 j.	℞ Mass. Hydrargyri 3 ss.		
3 ij ter die.	<i>Adipositas.</i>	Opii gr. jv.	
	11	F. pilulæ 16.	<i>Same.</i>
℞ Tr. Guayaci ammon.	Vel:		
Tr. Cinchonæ $\hat{a}$ 3 j.	℞ Hydr. iod. fl. gr. vj.		
3 ij bis die e cyatho lactis.	Extr. Conii 3j—ij.		
<i>Rheumatism (chronic.)</i>	F. pilulæ 24.		<i>Same.</i>
<hr/>			
Chrom. Pot.:	gr. 1-6 —5-6 = 0.01 — 0.05	ter die.	
Bichrom. "	gr. 1-12—1-4 = 0.005—	0.015 "	
Fucus, Extr. fl.:	3 j—3 = 4.0 —12.0.		
Guayac. Tr. amm.:	3 ss—2 = 2.0 — 8.0.		
Calomel:	gr. 1-6 —2 = 0.01 — 0.13.		
Hydrarg. Massa.:	gr. 1 —15 = 0.065—	1.0	

*Chrom.* As organic substances reduce chromic acid, the salt must be dissolved in Aq. dest., or mixed with Argilla as pill. Pot. bichrom. in doses of 0.05 is sure to produce Gastro-enteritis, and may even cause death!

*Fucus* requires the following diet: Roast meat, fish, fruit and vegetables; but no potatoes and other farinaceous articles. (Bread, sparingly, and either stale or toasted.) Tea and coffee without milk and sugar, a little wine and Succus Citri to quench the thirst.

*Guayacum* is also used in Syphilis; occasionally in Amenorrhœa and Dysmenorrhœa.

*Mercury* (see Iodine) has to be suspended or stopped altogether as soon as salivation sets in. The latter is soonest produced by Blue Pill; Calomel comes next. Calomel in larger than 2 gr. doses acts as a purgative. See sec. VI. *Hydr. c. Creta* gr. 1 ter die is recommended

12b.

℞ Calomel, gr.j.  
 Opii, gr.  $\frac{1}{4}$  to  $\frac{1}{2}$ .  
 Tertiis vel quartis horis.  
*Dysentery.*

13.

℞ Hydr. c. Creta gr. ij.  
 Every third night, followed  
 in the morning by salts 3 j.  
*Jaundice.*

14a.

℞ Hydrarg. bichlor.  
 Ammon. chlor.  $\bar{a}$  gr.j.  
 Micæ Panis, q. s.  
 F. pilulæ 12.  
 j ter die post cibum.

*Tumor within Brain.*  $\bar{z}$  ss ter die ex aqua.

14d.

℞ Hydr. Bichloridi gr.j.  
 Pot. Iodidi  $\bar{D}$ ij.  
 Extr. Cinchon. fl.  $\bar{z}$  ss.  
 vel Syr. Ferri iod.  $\bar{z}$  j.  
 Aq. fontanæ ad  $\bar{z}$  viij.

*Chancre.*

14b.

℞ Hydr. bichlor. gr.j. . .  
 Tr. Ferri chlor. 3 ss.  
 Extr. Fuci mar. fl.  $\bar{z}$  jss.  
 $\bar{z}$  j ter die ex aqua.

*Pharyngitis.**(syphilitic.)*

15.

℞ Hydrarg. biiodati 0.1.  
 Pot. iodati 8.0.  
 Pot. bicarb. 3.0.  
 Decocti Sarzæ 180.0.

*Syphilis.**(secondary and tertiary.)*

Hydr. Bichlor.: gr. 1-32—1-8 = 0.002—0.008.

Hydr. Iod. rbr.: gr. 1-32— $\frac{1}{8}$  = 0.002—0.008.

Hydr. Iod. v.: gr. 1-6 —2 = 0.01 —0.13.

Hydr. c. Creta: gr. 1—12 = 0.065—0.8.

as preventive of secondary Syphilis; 0.02 ter die will relieve the swelling in Parotitis.(?)

*Hydr. Bichloridum* (Hydrargyrum bichloratum) gr. 1-60—1-30 ter die ante cibum in Gastric Ulcer; and in chron. Diarrhœa this dose may be gradually increased. *Hydrarg. Iodidum rbr.* (biiodatum No. 15) in syphilitic Iritis and Pharyngitis. Hydrargyrum iodatum flavum is the protoioduret.

<p>16a.  R Pot. Iodidi 3 ij.  Inf. Quassiæ <math>\bar{3}</math> jv.  <math>\bar{3}</math> j bis die. <i>Syphilis.</i>  <i>(secondary.)</i></p>	<p>18.  R Pot. iod. 3 j.  Tr. Cinchonæ <math>\bar{3}</math> ss.  Aq. font. ad <math>\bar{3}</math> vj.  <math>\bar{3}</math> ss ter die. <i>Pharyngitis.</i></p>
<p>16b.  R Pot. iod. 3 j.  Extr. Xantoxyl. fl. 3 ij.  Aq. Fontis <math>\bar{3}</math> vj.  <math>\bar{3}</math> ss. ter die. <i>Rheumatism.</i>  <i>(chronic.)</i>  <i>(With œdemat. extremities.)</i></p>	<p>Vel:  R Pot. Iodidi  Pot. Bromidi  Ammon. Chloridi <math>\hat{a}</math> 3 j.  Aq. destillatæ <math>\bar{3}</math> vj.</p>
<p>17a.  R Kalii iodati 5.0.  Natri bicarbonici 1.0.  Aquæ fontanæ 400.0.  <math>\bar{3}</math> ss bis die. <i>Pimples.</i></p>	<p>19a.  R Kalii iodati 3 iij.  Syr. Ferri iodati <math>\bar{3}</math> ij.  Tr. Colombo <math>\bar{3}</math> vj.  3 ij ter die ex aqua.  <i>Chronic Peritonitis.</i>  <i>(pelvic.)</i></p>
<p>17b.  R Pot. iod. gr. ij.  Pot. bicarb. gr. v.  Extr. Sarz. fl. <math>\mathfrak{D}</math> j.  vel Ext. Cinchon. fl. gtt. viij.  Aq. fontanæ <math>\bar{3}</math> j.  3 j bis die. <i>Scrofula.</i>  <i>(1 year.)</i></p>	<p>19b.  R. Pot. iodati 8.0  Aq. destillatæ. 50.0.  Ferri sulfurici 6.0.  Post agitationem admisce:  Tr. Cardam. comp.  Syrupi simpl. <math>\hat{a}</math> 25.0.  3 j ter die. <i>Amenorrhœa.</i>  <i>(with headache and pains in pelvis.)</i></p>
<hr/> <p>Iod. Pot.: gr. 3—30 = 0.2—2.0.  Iod. Ferr. Syr.: gtt. 15—45 = 1.0—3.0.  ( 3 ij = 7.5.)</p> <hr/>	

*Iodine.* Pot. iod. must not be given with narcotic alkalies, metal salts, acids and Aq. Amygdal. am. Its use has to be stopped for 5—10 days if there appear inflammatory eruptions of the skin. If in use, Calomel, even externally, must not be employed, as Hydr. iod. may form, nor Pot. chlor. or Syr. Ferr. iod. must be used, as Iodine may separate and produce intoxication.

20a.		20d.	
R̄ Iodi	2.0	R̄ Iodi	0.2.
Pot. Iodidi	10.0	Alcoholis	2.0.
Aq. destillatæ	250.0	Glycerini	200.0.
3 ij ter die ante cibum ex vino		3 j—j̄s per diem.	
rubro vel aqua. <i>Truraplegia.</i>		<i>Substitute of Ol. Jecoris.</i>	
20b.		21.	
R̄ Iodi	1.5.	R̄ Naphthol. (Beta)	
Pot. iodati	3.0.	Bism. salicylici	
Aquæ destillatæ	30.0.	Magn. carbon. $\hat{a}$	0.3.
Gtt. v—xxx ter die ex aqua		This dose quartis horis.	
saccharata.		<i>Furuncles.</i>	
( <i>Liq. iodatus Lugol.</i> )		22a.	
20c.		R̄ Liq. antisept. P.	25.0.
R̄ Iodi	1.0.	Tr. Catechu	15.0.
Solve leni calore in		Syr. simplicis	150.0.
Glycerini	100.0.	3 ij semis horis. <i>Cholera.</i>	
Iodum:	gr. $\frac{1}{4}$ —1	=	0.015—0.065.
Iodi Tr.:	gtt. 2—10	=	0.065—0.32.
Naphthalin.:	gr. 2—8	=	0.13 —0.5.
Phenol:	gtt. $\frac{1}{2}$ —3	=	0.032—0.2.

*Iodism* is characterized by Eruptions of Skin, Laryngitis, Intestinal Catarrh, Vertigo, Fainting, etc.

*Pot. iod.* gr. 15—3 j p. diem, if it be borne, in Lead Colic; gr. 5—10 quater die in Cellulitis and second stage of acute Cerebral Meningitis. *Syr. Ferri iodati* gtt. xxx ter die in Scrofula and Chlorosis. For children: gtt. 15 bis die (4 years); gtt. 6—10 ter die (2 years). In convulsions from loss of blood it is sometimes very valuable.

*Tr. Iodi* gtt. v ter die in Retention of Menses. In gtt. j doses it is said to check the vomiting in cholera; and t. die with Laudan. gtt. ij it is recommended as prophylactic.

Iodine is also used in Fibroid, Uterine Cancer, Ovarian Dropsy, Bronchocele, Ringworm, etc.

*Naphthalin* is a good antifermentative and germicide, and therefore recommended in intestinal disorders; it has been given as much as 3 j per diem. *Naphthol* 2,5 p. diem in Typhoid.



22b.		23b.	
℞ Acidi carbolici	5.0.	℞ Extr. Pulsat. fl.	3 ss.
Glycerolati Amyli	10.0.	Aq. Menthæ	$\frac{3}{4}$ jss.
Radicis Calami	5.0.	3 j bihorio.	<i>Hysteria.</i>
Rad. Althææ q. s.		24.	
Ut fiant pilulæ 200. (quarum		℞ Resorcini	1.0—2.0.
singulæ contineant 0.025).		Aq. destill.	100.0.
j quater die. <i>Pruritus.</i>		Syr. Aurant. Cort.	30.0.
(To increase to 3 daily.)		$\frac{3}{4}$ ss bihorio.	<i>Intermittens.</i>
23a.		25.	
℞ IIb. Pulsatillæ		℞ Salicini	
Extr. Pulsatillæ $\hat{a}$ 5.0.		Pepsini $\hat{a}$	1.0.
Ol. Menthæ pip. gtt. j.		Glycerini	40.0.
F. pilulæ 75.		Leni calore solutio efficiat.	
j vel ij ter die. <i>Amaurosis.</i>		3 j ante cibum. <i>Dyspepsia.</i>	
<hr/>			
Pulsat. Extr. fl.: gtt.	2— 6	=	0.065—0.2.
Pulsat. Tr.:	gtt. 30—60	=	1.0. —2.0.
Salicin:	gr. 3—60	=	0.2. —4.0.

*Phenol* is said to be excellent in tapeworm. (See section VIII). *Sod. sulfo-carbolic.* ℥j with Syrup bihorio in Variola. Intoxication from repeated Carbol. applications may be treated with Sod. sulf., vel Acidum sulf. dilutum: Sulfo-carbolic acid is formed, and the dark color of the urine soon disappears.

*Liq. antisepticus Pernes:* Acid. carbol. 10.0.  
Aqua. dest. 300.0.  
Mixtis instilla. Bromi. 5.0.

*Pulsatilla* is also employed in skin diseases, catarrhal affections of nares, fauces and larynx, urinary passages and intestines.

*Resorcin* is equal to Quinine as antipyreticum, but by no means as tonic; to Phenol it is equal as antiseptic. The latter is a monhydroxylbenzol, whilst Resorcin is a dihydroxylbenzol.

*Salicin* has not the disagreeable effects of Acidum salicylicum; and Sod. salicyl. is also milder than the acid, and therefore preferable; moreover, as it is decomposed by



26a.

℞ Acidi salicylici 5.0.  
 Spir. Vini Gallici  
 Vini Hispanici  $\hat{a}$  100.0.  
 Syr. Aurant. Cort. 50.0.

$\bar{3}$  j bihorio vel quartis horis.

Vel: *Diarrhœa.*

℞ Acidi salicylici 10.0.  
 Liq. Amm. acet. 50.0.  
 Aq. destillatæ 230.0.

$\bar{3}$  j omni hora.

26b.

℞ Acid. salicyl.  
 Sod. bicarb.  $\hat{a}$  3 ss.  
 Spir. Vini Gall. 3 ij.  
 Glycerini 3 vj.  
 Aq. font. ad  $\bar{3}$  ij.

3 ij omni hora. *Same.*

(4 years.)

Vel:

℞ Acid. salicyl. gr. xij.  
 Cretæ præp. gr. viij.  
 Divide in 10 vel 6 partes.  
 j every 2 or 4 hours.  
 (2 months to 3 years.)

27.

℞ Acidi salicylici 5.0.  
 Sod. phosph. 13.0.  
 Liq. Amm. caust. 2.0.  
 Glycerini

Aq. fontanæ  $\hat{a}$  10.0.

H. somnisumenda. *Typhus.*

28.

℞ Acidi salicylici gr. x.  
 Natri salicylici gr. xv.  
 Ter die. *Rheumatism.*

(*artic. acute.*)

29a.

℞ Sod. Salicylatis  
 Sacchari  $\hat{a}$  1.0.  
 Tales doses 5.  
 j ex aqua. *Migraine.*

29b.

℞ Sod. Salicylatis 6.0.  
 Sod. Bicarbonatis 2.0.  
 Glycerini  
 Aquæ fontanæ  $\hat{a}$  25.0.  
 The whole at once, or in 2  
 doses within  $\frac{1}{2}$  hour.

*Typhus.*

Salicyl. Acid.: gr. 6—60 = 0.4 —4.0.

Salicyl. Sod.: gr. 10—20 = 0.65—2.6.

Carbonic acid, the acid is liberated in the stomach. As antipyreticum, Salicin is inferior to Nitre, and in heart and kidney diseases, it is moreover contra-indicated. In intestinal disorders, which are due to fermentation and putrefaction in the alimentary canal, Sod. salicyl., especially combined with Bismuth, has been lately much employed. Treble the quantity of Acid. salicylicum will replace Acidum carbolicum?

*Salicylismus.* Tinnitus, Vertigo, Vomiting, Deafness, General Malaise, Urticaria, Petechiæ, etc.

*Salicin.* 0.3—1.5 bihorio vel tert, horis ante cibum

29c.		31.	
℞ Sodii Salicylatis		℞ Dec. Sarzæ comp.	℥ iij.
Sodii Bicarbonatis		Liq. Potassæ	3 ss.
Tr. Cannab. Ind. $\widehat{a}$	3 j.	℥ ss bis die.	<i>Scrofula.</i>
Ext. Rhei fl.	3 iij.	(3 years.)	<i>Atrophy.</i>
Elix. simplicis	℥ j.	32.	
Aq. Fontis ad	℥ iij.	℞ Acidi silicii.	0.05—0.1.
℥ ss bihorio.	<i>Cephalalgia.</i>	Sacchari Lactis.	0.05.
	( <i>periodic.</i> )	Tales doses	12. <i>Diabetes.</i>
( <i>with constip. and languor.</i> )	j ter die.	33a.	
30.		℞ Calcis sulfuratæ	
℞ Natri boro-salicyl.		Gr. j bihorio.	<i>Boils, etc.</i>
Spir. Vini Gall. $\widehat{a}$	10.0.	Vel:	
Vini albi	150.0.	℞ Sodii Sulfitis	gr. x—xx.
Glycerini	40.0.	Tales doses	No. 10.
℥ ss bihorio vel tertiis horis.		j ter die.	<i>Thrush.</i>
	<i>Gout, etc.</i>		

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Sarzæ co. Extr. fl.:	gtt.	15—60	=	1.0	—4.0.
Sulfid. Calcis:	gr.	$\frac{1}{8}$ —5	=	0.008—0.32.	

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ex aqua in Catarrh and Diarrhœa; bis vel ter die as tonic. 2.0—4.0 during intermission in Intermittens. 2.5—6.0 in Typhus and Parametritis. Sod. and Acid. salicyl. (No. 28) in Neuralgia, Lumbago and Ischias. *Sod. salicyl.* 0.5 ter die in Polyuria. 0.5—2.0 omni hora vel bihorio: antipyretic. 1.0 quater die: anaphrodisiac. 3.0—6.0 ter die in Hectic Fever. 5.0—8.0 p. diem in Arthritis nodosa.

*Sod. salicyl.* 5.0 = Acid. salicyl. 4.1.

Sod. bicarbon. 2.5.

*Sod. boro-salicyl.*: Borac. 20.0; Sod. bicarb. 9.0;

Acid. salicyl. 55.0.

(Acid. salicyl. combined with Acidum boricum has a bitter taste, though neither acid in itself is bitter).

*Acidum silicicum*, is frequently used in Chronic Rheumatism, and sometimes in Carcinoma.

*Sulfides* (N. 33<sup>a</sup>) prevent or arrest suppuration. The

33b.

℞ Sodii Sulfitis ʒj— 3 ss.  
 Bihorio vel tert. horis.  
 (In caps. amylac.) *Sarcina*.  
 (Vomiting.)

Vel:

℞ Sodii Bisulfitis 3 j.  
 Glycerini  
 Aq. Fontis <sup>a</sup> 3 j.  
 3 ii bis vel ter die.

33c.

℞ Sod. hyposulf. 10.0.  
 Aq. destillatæ 50.0.  
 Syrupi simplicis 100.0.  
 3 j ter die. *Skin Diseases.*

34 a.

℞ Acidi thymici gr. v.  
 Spir. Vini Gall. 3 jv.  
 Glycerini 3 ij.  
 3 ij vel 3 ss bihorio.

*Scarlatina.*

34b.

℞ Thymoli 0.5.  
 Kali chlorici 5.0.  
 Chin. sulfurici 3.0.  
 Glycerini 80.0.  
 Spir. Vini Gallici 250.0.  
 Acid. hydrochl. d. 1.0.  
 3 j omni hora. *Diphtheria.*

3 j ter die. (2—5 years.)

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Sulfis and Hypqs. Sod.: gr. 3—20 = 0.2—1.3.

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same may be said of the *Sulfites and Hyposulfites*; they avert putrefaction and suppuration. (Sodii Hyposulfis—Natrium subsulfurosum—is soluble in Ol. Terebinthinæ and deodorizes it almost wholly).

Acidum thymicum is similar to Phenol, but milder. Its depressing effect must be counteracted by the administration of Stimulants. See section VIII.

## SECTION II.

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### SEDATIVES.

They include ANODYNES, ANTISPASMODICS, NARCOTICS, HYPNOTICS, ANÆSTHETICS, etc. They have an exalting or depressing influence on the nervous system, thereby relieving pain, producing sleep, or causing insensibility, without affecting the structure of the nerve fibre.

ACONITE: Sedative, Anodyne, Antiphlogistic, Diaphoretic, Diuretic.

ÆTHER: Sedative, Antispasmodic, Anæsthetic, Stimulant, Inebriant.

AMYL: Antispasmodic, Anæsthetic.

ANILIN: Antispasmodic.

ANTIMONY: Sedative, Antiphlogistic, Alterative, Expectorant, Emetic.

ASA FÆTIDA: Antispasmodic, Diffuse Stimulant, Expectorant.

BELLADONNA: Antispasmodic, Cardiac Tonic, Diuretic, Deliriant.

BROMUM: Antispasmodic.

CAMPHORA: Antispasmodic, Sedative, Diaphoretic, Expectorant, Stimulant.

CANNABIS: Anodyne, Antispasmodic, Antineuralgic, Hypnotic.

CASTOREUM: Antispasmodic, Stimulant.

- CERIUM: Nerve Tonic.  
CHLORAL: Antispasmodic, Sedative, Hypnotic.  
CHLOROFORM: Antispasmodic, Anæsthetic, Anti-  
emetic.  
COCCUS: Antispasmodic, Anodyne.  
CONIUM: Antispasmodic, Sedative, Anodyne.  
CURARE: Sedative.  
CYAN.: Sedative, Antispasmodic.  
CYPRIPIEDUM: Sedative (like Valeriana).  
DIOSCOREA: Antispasmodic, Alterative.  
DUBOISIN: Antispasmodic (like Belladonna).  
GELSEMIUM: Sedative.  
GRINDELIA: Antispasmodic.  
HYOSCYAMUS: Antispasmodic, Sedative, Hypnotic,  
Deliriant.  
LACTUCARIUM: Antispasmodic, Sedative, Hypnotic,  
Diuretic, Laxative.  
LYCOPODIUM: Antispasmodic, Diuretic, Aphrodisiac.  
OPIUM: Antispasmodic, Sedative, Diaphoretic, Diu-  
retic, Soporific.  
RUTA: Antispasmodic, Emmenagogue, Stimulant.  
VALERIANA: Antispasmodic, Sedative.  
VANILIN: Antispasmodic (like Moschus).  
VERATRUM VIRIDE: Sedative.  
VIBURNUM PRUNIFOL: Sedative (uterine).  
XANTHIUM: Sedative.

35a.

℞ Extr. Aconiti gr. jv.  
 Extr. Papaveris gr. xij.  
 F. pilulæ 4,  
 j omni hora. *Neuralgia.*  
*with a soothing rubefacient.*

35b.

℞ Tr. Aconiti gtt. viij.  
 Aq. Amygd. am. c.  
 Sp. nitrico-æth.  $\hat{a}$  3 j.  
 Aquæ fontanæ ad  $\bar{3}$  j.  
 3 j bis vel ter die.

*Hypertrophy*  
*without valv. lesions.*

35c.

℞ Tr. Aconiti gtt. vj.  
 Extr. Gelsem. fl. 3 ss.  
 Kali nitrici  $\mathfrak{D}$ j.  
 Aquæ destillatæ  $\bar{3}$  iij.  
 $\bar{3}$  ss bihorio vel tert. horis.  
*Nephritis.*  
*Urethritis.*

35d.

℞ Tr. Aconiti gtt. j.  
 Glycerini  $\bar{3}$  ss.  
 Aq. destillatæ ad  $\bar{3}$  ij.  
 $\bar{3}$  j omni hora.  
 (1 year.) *Febrile Diseases.*

46.

℞ Æth. acet. vel sulf.  
 Alcoholis  $\hat{a}$  3 ij.  
 Gtt. x—xxx ex aqua.  
*Fainting.*

37.

℞ Amyl. æth. nitrosi  
 Alcoholis  $\hat{a}$  2.5.  
 Gtt. ij—jv. *Spasm. Glottid.*

38.

℞ Anilini sulfurici  
 0.05—0.15 ter die in pil.  
 (0.14 p. diem.) *Chorea.*  
 (13 years.) *Epilepsy.*  
*After a few days the dose*  
*may be doubled.*

Aconit Rad. Tr.: gtt. 2—8 = 0.065. —0.26.

Aconitin: gr. 1-400—1-100 = 0.00015—0.0006

Æther acet.: gtt. 10—3 ss = 0.25 —2.0.

Æther sulf.: gtt. 20—3 j = 0.5 —4.0.

Amyl Nitris: gtt. 1—5 = 0.03 —0.15.

Anilin: gr. 1—4 = 0.065 —0.25; 1.0 p. diem.

*Aconite:* In febrile diseases, if skin hot and dry, and the pulse rapid and strong, see Veratrum. If much prostration or the pulse becomes feeble, it must be stopped or given in smaller doses. Contra-indicated in asthenic cases. It is also used in sudden suppression of Menses, Tonso-litis, Pharyngitis, Pneumonia and Basedow's disease.

In Headache, Pleuritis, Cellulitis, Tr. Aconit. gtt. j every 15 minutes for 1 or 2 hours; afterward gtt. j hourly.

In Abortion, with Sod. salicyl. gr. xv every 3 hours.

39a.

R Tart. emetici gr. jv.  
 Aquæ destillatæ  $\frac{3}{4}$  jv.  
 3 ij omni hora. *Craving for*  
*Drink.*

39b.

R Tart. emetic. gr. v.  
 Kali nitrici 3 j.  
 Divide in p. aeq. No. 6.  
 j tert horis. *Antipyretic.*

40.

R Atrop. Sulfatis 0.1.  
 Strychn. Nitratis 0.2.  
 Chin. Sulfatis 2.0.  
 Pot. Bromidi  
 Extr. Trifolii  $\hat{a}$  10.0.  
 Rad. Althææ 3.0.  
 Rad. Artemisiæ q. s.

F. pilulæ 200. *Epilepsy.*  
 j daily the first fortnight.  
 j bis die the next.

j ter die afterward for one  
 month (if they be borne;  
 after this to decrease again.

41a.

R Asæ fœtidæ.  
 Extr. Valerianæ  $\hat{a}$   $\frac{3}{4}$  j.  
 Ferr. sulfurici  $\frac{3}{4}$  j.  
 F. pilulæ 20.

j mane nocteque. *Chorea.*

Vel:

R Tr. Asæ fœtidæ 3 ij.  
 Tr. Valerianæ  $\frac{3}{4}$  ss.  
 3 j ter die. *Flatulent Colic.*

41b.

R Tr. Asæ fœtidæ 10.0.  
 Tr. Castorei Canad.  
 Tr. Valerianæ  $\hat{a}$  5.0.  
 Tr. Opii 2.5.  
 Gtt. 30-50 ter die. *Hysteria.*

42.

R Pil. Atrop. gr. 1-120.  
 Hora somni. *Night Sweat.*

43a.

R Extr. Belladonnæ 0.25.  
 Aq. Laurocerasi 15.0.  
 Gtt. xx—xxx quater die.

Antim. Pot. Tart.: gr.  $\frac{1}{8}$ —3 == 0.008—0.2.

Asa fœtida: gr. 5—30 == 0.32 —2.0.

Asa fœt. Tr.: gtt. 20—3 j == 1.0 —4.0.

Atropia: gr. 1-200—1-50 == 0.0003 0.0012.

Bellad. Extr.: gr.  $\frac{1}{2}$ —2 == 0.032—0.13.

*Antimony:* In the first stage of Rhinitis, Pharyngitis and Bronchial Catarrh. In Delirium of Typhoid, gr. 1-16—1-8 every  $\frac{1}{2}$  hour. In No. 39b the Antimony may be increased in the next six powders to gr. vi. They are reputed to extinguish any fever.

*Belladonna* (see Hyoseyamus) prevents secretion of milk, arrests profuse perspiration and prevents griping of some cathartics. In Asthma, Tr. Bell. gtt. x bihorio until vision affected. In Epilepsy, Extr. Bell. gr. 1-5 per diem.





45b.		48a.	
℞ Bromi (gtt. j.)	0.03.	℞ Pot. Bromidi ʒj.	
Kalii bromati	0.1.	Chlorali gr. v.	
Aq. destill.	150.0.	Bihorio. <i>Erysipelas.</i>	
Syrupi simplicis	50.0.	(if delirium.)	
̄ ss omni hora.	<i>Croup.</i>	48b.	
46.		48b.	
℞ Acid. hydrobr. dil.	5.0.	℞ Kalii bromati	3.0—5.0.
Aquae Menthæ	200.0.	Chlorali	1.0—1.5.
Syr. Aurant. Cort.	50.0.	Sleeping powder (in water).	
̄ ss tertiis horis ex aqua.		48c.	
<i>Dyspepsia.</i>		℞ Pot. bromati	
<i>Vomiting of Pregnancy.</i>		Chlorali $\widehat{a}$ gr. v.	
47.		Aq. fontanæ	̄ j.
℞ Lithii Bromidi	5.0.	3 j every 15 minutes.	
Aq. destill.	200.0.	(1 month.)	<i>Convulsions.</i>
Syr. Aurant. C.	50.0.	49a.	
̄ ss ter vel quater die.		℞ Pot. Bromidi	3 ss.
<i>Epilepsy.</i>		Elix. Valer. amm.	̄ j.
<i>Hysteria.</i>		Spir. Vini Gallici	̄ ss.
			<i>Alcoholism.</i>

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Acid. hydrobrom. dil.:	gtt. 15—3 i	=	1.0 —4.0.
Brom. Ammonii:	gr. 3—30	=	0.2 —2.0.
“ Lithii:	gr. 3—15	=	0.2 —1.0.
“ Potassii:	gr. 4—40	=	0.25—2.6.

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afferent nerves, allays any excitement of spinal origin, like most Bromides; but as it does not affect the heart's action, like Pot. brom., it may be used for a long time without producing any apparent deleterious effects upon the circulation. It is, moreover more powerful than Potass., and as easily soluble; and may be combined with Belladonna, Cannabis, Chloral, Hyoscyamus, Opium, etc. *Potassii Bromidum* (Kalium bromatum) influences heart, respiration and temperature; too much used, it will cause low temperature, fatigue, slowness of speech, forgetfulness and general cachexia, etc. Average dose, 0.3—1.0 bihorio vel tert. horis. 1.0—3.0 bis

49b.	50b.
<p>℞ Kal. bromati <math>\frac{3}{4}</math> ss.          Extr. Cocæ fl. 3 iij.          Tr. Capsici 3 i.          Elix. Val. amm. ad <math>\frac{3}{4}</math> jv.  <math>\frac{3}{4}</math> ss every hour until re-          lieved. (<i>Wakefulness</i>  <i>after debauch, headache;</i>  <i>and to allay itching.</i>)</p>	<p>℞ Pot. brom.          “ bicarb. <math>\widehat{a}</math> 5.0.          Extr. Gelsem. fl. 0.5.          Aq. destill. 60.0.          3 j ter die. <i>Migraine.</i>  <i>Neuralgia of Quintus.</i>  <i>(Especially dental nerves.)</i>          51a.</p>
49c.	51a.
<p>℞ Pot. Bromidi 5.0          Liq. Ferri Chloridi          Tr. Strychnin. <math>\widehat{a}</math> 1.0.          “ Capsici 2.0.          Aq. fontanæ 150.0.  <math>\frac{3}{4}</math> ss quater die.          Mixt. potatorum.          50a.</p>	<p>℞ Kalii bromati          Chlorali, <math>\widehat{a}</math> 3 ij.          Morph. sulfurici, gr. jss.          Aq. destillatæ <math>\frac{3}{4}</math> vj.  <math>\frac{3}{4}</math> ss ex aqua every 4 hours          while in pain.  <i>Dysmenorrhœa.</i>  <i>(Ovarian and membran.)</i>          51b.</p>
50a.	51b.
<p>℞ Pot. brom. 3 iij.          Extr. Cannab. fl. 3 ss.          Aq. destillatæ <math>\frac{3}{4}</math> vj.  <math>\frac{3}{4}</math> ss ter die. <i>Asthma.</i></p>	<p>℞ Pot. Bromidi 3 ij          Sol. Morph. U. S. <math>\frac{3}{4}</math> ij.          3 j bihorio while in pain.  <i>Abortion.</i></p>

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Brom. Sod.: gr. 5—45 = 0.32—3.0.

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vel ter die. *Sodii Bromidum* (Natrium bromatum) is superior to the Potass., as it has none of its unpleasant effects, and moreover debilitates less the muscular system.

*Bromism*: Idiotic expression, vacant look and staggering gait. Arsenic and Strychnine are recommended, if large doses have been employed, to prevent intoxication.

In Epilepsy, Amm. brom. 0.5—1.5 ter die; children according to age; Lith. brom. gr. ij—x, well diluted. In severe cases either has to be used constantly for about 6 months. Pot. brom.  $\mathfrak{D}$ j ter die, to be gradually increased to 3 j pro. dosi until Bromism. In Pertussis, Amm. brom. 0.1—0.4 ter die. In Hysteria, Lith.

51c.

℞ Pot. Bromidi ʒij—3 j.  
 Sol. Magendie gtt. ij.  
 Syr. Acaciæ ʒ j.  
 Aq. destillatæ ʒ iij.  
 3 ij ter die. *Pertussis.*  
 (1 year)

52a.

℞ Kalii bromati  
 Ammon. brom. ʒ 10.0.  
 Aquæ destillatæ 50.0.  
 3 j omni hora. *Delirium*  
*tremens.*

52b.

℞ Pot. Bromidi 30.0.  
 Amm. Bromidi 7.5.  
 Pot. Iodidi 4.0.  
 “ Bicarbon. 2.5.  
 Inf. Colombo 180.0.  
 3 j ter die ex aqua ante  
 cibum et 3 j hora somni.  
*Epilepsy.*

53.

℞ Kalii bromati  
 Extr. Ergotæ fl. ʒ 3 ij.  
 Spir. Amm. arom.  
 Tr. Nuc. Vomice. ʒ 3 j.  
 Aq. Menthæ ad ʒ viij.  
 ʒ ss quartis horis.

*Haemorrhoids.*

54a.

℞ Camphoræ 2.0.  
 Ergotæ 4.0.  
 G. arabici q. s.  
 F. pilulæ 50.  
 j mane nocteque. *Pollu-*  
*tions. (nocturn.)*

54b.

℞ Camphoræ 3 ss.  
 Extr. Hyoscyami  
 vel Extr. Humuli ʒij.  
 Rad. Ipecac. gr. x.  
 F. pilulæ 20. *Strangury.*  
 ij ter die. *Spermatorrhœa.*

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Camphora: gr. 2—10 = 0.13—0.65.  
 “ Spiritus: gtt. 10—40 = 0.32—1.3.  
 “ monobrom.: gr. 3—15 = 0.2 —1.0.

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brom. 0.5—2.5; in *Delirium tremens* and *Spermatorrhœa*, 10.0 p. diem. In *Cellulitis*, Pot. brom. gr. x to ʒj tert. horis; in *Headache* and *Delirium of Pneumonia*, ʒj ter die. In *Convulsions*, gr. ij—v every half hour if necessary. (1 month—2 years.) Also in *Enuresis*, *Spasm of Bladder and Rectum*, *Dentition* and *Strychnine poisoning*.

*Camphora* allays nervousness and quiets restlessness, producing a general placidity of feeling. It is an efficient remedy in *Strangury* caused by *Cantharides*, and in some forms of *Colic*, especially of hysterical subjects.

54c.		55c.	
℞ Camphoræ		℞ Camphoræ	
Pulveris Doveri		Æth. acetici	â 10.0.
Extr. Hyoscyami	â ʒj	Tr. arom. acidæ	5.0.
F. pilulæ 20		Alcoholis	15.0.
j mane nocteque.		Gtt. jv.—vj.	<i>Preventive of Cholera.</i>
<i>Dysmenorrhœa.</i>			56.
( <i>nervous.</i> )			
55a.		℞ Camphoræ	3 ss.
℞ Camphoræ	0.12.	Sacchari	5 ss.
Amm. carbon.	0.5.	Amygd. decort. No. 6.	
Sacchari	1.2.	Contere, dein adde gradat.	
Dentur tales doses 10.		Aq. Menthæ	5 viij.
j semis horis.	<i>Cholera.</i>	Pars 1-6 quartis horis.	
Vel:		<i>Neuralgia. (hysteric.)</i>	
℞ Camphor liquidæ		Vel:	
Tr. Valerianæ	â 5.0.	℞ Camphoræ	3.0.
Gtt. xx—xxx c. Sacch.		Chloroformii	17.0.
55b.		Gtt. x ter die.	<i>Neuralgia.</i>
℞ Camphoræ	1.0.		57.
Æth. acetici	12.0.	℞ Ext. Cannabis Indic.	
Tr. Opii	3.0.	Pulv. Valerianæ	â ʒj.
Gtt. x—xv. every 15 or 30 m.		F. pilulæ 40.	
<i>Cholera. (asphyct.)</i>		j ter die.	<i>Hysteria.</i>
Cannab. Ind. Extr. fl.: gtt. 1—4 = 0.032—0.13.			
" Tr. gtt. 10—60 = 0.32 —2.0.			

In Congestion of Kidneys, gr. ij—v. may be given.  
In Dysmenorrhœa (ovarian), the Monobr. gr. v.

*Cannabis* is in small doses stimulating to the nerves, especially the sexual; in large, hypnotic. It is sometimes used in Tetanus, Acute Mania, etc., and although uncertain, it is often a very efficaceous narcotic in Sleeplessness, Neuralgia and other painful diseases.

In Metrorrhagia and Dysmenorrhœa (ovarian and neuralgic), Tr. gtt. xxv quartis horis. In Incontinence of Urine from paralysis vesicæ, Extr. fl. gtt. ij bis die.

58a.

℞ Tr. Castorei 8.0.  
 Ætheris sulfurici 2.0.  
 Vel:  
 ℞ Tr. Castorei 6.0.  
 Spir. camphorati 4.0.  
 Gtt. xv—xxx ter die.

*Hysteria.*

Vel:  
 ℞ Tr. Castorei  $\bar{3}$  j.  
 Tr. Camph. comp.  
 Spr. Lavand. comp.  $\hat{a}$   $\bar{3}$  ss.  
 3 ss bihorio vel tertiis horis  
 ex aqua.

*Hysteria.*

58b.

℞ Tr. Castorei  
 “ Valer. æth.  $\hat{a}$  10.0.  
 “ Opii crocat. 5.0.  
 Gtt. xv—xxx ter die. *Same.*

Vel:

℞ Tr. Castorei 40.0.  
 “ Valerianæ 10.0.  
 Aq. Laurocerasi 50.0.  
 3 ss tertiis horis. *Same.*

Vel:

℞ Tr. Castorei 3 j.  
 Ætheris  
 Laudani  $\hat{a}$  gtt. x.  
 Aquæ Cinnamomi  $\bar{3}$  jss.

*Same.*

Castor. Tr.: 3 ss—3 j = 2.0 —4.0.  
 Cerii Oxalas: gr. 1—5 = 0.065—0.32.  
 Chloral: gr. 10—40 = 0.65 —2.6.

58c.

℞ Tr. Castorei  
 “ Valerianæ  $\hat{a}$  5.0.  
 Spir. ætherei gtt. xv.  
 Aq. Fœniculi 100.0.  
 3 ss tertiis vel quartis horis.  
*Antispasmodic.*

Vel:

℞ Tr. Castorei  
 “ Valerianæ  
 Liq. Amm. succ.  $\hat{a}$  3.0.  
 Tr. Opii 1.0.  
 Gtt. xv—xxv ter die.

59.

℞ Cerii oxalici gr. v—x.  
 Sacch. Lactis gr. ij.  
 Dentur tales doses 6.

j ter die.

*Cough.**(Phthisis.)*

60a.

℞ Chlorali 5.0.  
 Aq. destillatæ 10.0.  
 3 j ex vino, cerivisiavel inf.  
 s. lini. *Liq. somniferus.*

60b.

℞ Chlorali 4.0.  
 Glycerinæ 40.0.  
 Aq. Menthæ 150.0.  
 3 ss ter die;  $\bar{3}$  j hora somni.

*Mixt. antiphthisic.*

*Cerium* is sometimes employed in Pertussis, 0.03 (1 year) 0.08 (7 years) once a day before breakfast.

*Chloral*, as sedative: 0.5—1.5 omni hora vel bihorio 0.1—0.2 for children; as hypnotic: 2.5—5.0. For children, 1—3 years: 1.0—1.5; 3—5 years: 2.0—3.0; 5—7

60c.		61b.	
℞ Chlorali	20.0.	℞ Chloroformii	5.0.
Natri nitrosi	3.0.	Tr. aromaticæ	10.0.
Tr. Stramonii	10.0.	“ amaræ	30.0.
Aq. Menthæ ad	120.0.	3 j ex vino subinde.	
3 ii quartis horis.	<i>Asthma.</i>		<i>Sea-sickness.</i>
61a.		Vel:	
℞ Chloroformii	10.0.	℞ Chloroformii	10.0.
Alcoholis	25.0.	Alcoholis	15.0.
Tr. aromaticæ	30.0.	Mixtis adde	
Gtt. xx—lx.	<i>Migraine.</i>	Glycerinæ	75.0.
	<i>Neuralgia, etc.</i>	Tum fortiter conquassa.	
Vel:		62a.	
℞ Chloroformii	10.0.	℞ Tr. Cocci Radem.	̄ ss.
Tr. Valer. æth.	20.0.	Aq. destillatæ	̄ iijs.
Morphii acetici	0.1.	̄ ss ter die ex aqua.	
Gtt. xxx ter die.			<i>Chronic Nephritis.</i>
	<i>Hysteria, etc.</i>	(Painful and frequent mic-	
Vel:		turition.)	
℞ Chloroformii	5.0.	62b.	
Alcoholis	40.0.	℞ Cocci gr. x.	
Mixtis adde conquassando		Pot. bicarb. ̄j.	
Syrupi simplicis	140.0.	Aq. Fontis	̄ jv.
3 ij—̄ ss pro dosi.	<i>Colic.</i>	3 ij ter die.	<i>Pertussis.</i>
	<i>Asthma.</i>	(1 year).	
Chloroform:		gtt. 6—30 = 0.16—0.78.	
Coccus:		gr. 1-6—1-2 = 0.01—0.032.	

years: 3.0—4.0. In neuralgic Headache, gr. xlv. in three doses within one hour. In Tetanus, 2.0 ter die; 8.0 per diem. In Delirium tremens, 7.0. In Dysmenorrhœa (neuralgic and ovarian), ̄j every 8 hours. In Enuresis nocturna, 0.5—1.5 in 2 or 3 doses half hourly in the evening. (3—10 years.) However, of the greatest value it is in Parturition, especially in case of *rigid os*: ̄j in 2 doses within half an hour.

*Chloroform* is contra-indicated in valvular lesions; and in acute febrile diseases it has to be used with care.

63.	65.
<p>℞ Coniini 0.005.          Alcoholic 1.0.          Aq. destillatæ 12.5.</p>	<p>℞ Curare gr. <math>\frac{1}{3}</math>.          Sacch. Lactis gr. ij.          Dent. tal. dos. 6.</p>
<p>Gtt. xv—xxx ter die.  <i>Photophobia.</i></p>	<p>j ter die until general paresis.  <i>Tetanus.</i></p>
64a.	<p>Gr. <math>\frac{1}{3}</math> to be repeated in 15 min.; and after 1 hour gr. <math>\frac{1}{2}</math> if necessary.</p>
<p>℞ Ext. Conii          “ Hyoscyami <math>\hat{a}</math> gr. xv.          Opii gr. jv.</p>	<p><i>Hydrophobia.</i></p>
<p>F. pilulæ 6. <i>Peritonitis.</i>          j nocte. (<i>if much pain.</i>)          Vel:</p>	<p>66a.          ℞ Acidi hydrocyanici dil. m. iv.</p>
<p>℞ Extracti Conii          Pulveris Doveri <math>\hat{a}</math> 3 ss.          F. pilulæ 12.</p>	<p>Pot. bicarb. gr. x.          Aq. fontanæ 3 ss.          This dose bis die.</p>
<p>j vel ij subinde. <i>Same.</i>          64b.</p>	<p><i>Irritable Stomach.</i>          66b.</p>
<p>℞ Extr. Conii fl.          “ Hyosc. fl. <math>\hat{a}</math> 3 ss.          Sol. Chlorali (<math>\odot</math>ij) <math>\tilde{\text{z}}</math> ij.  <math>\tilde{\text{z}}</math> ss at bedtime. Hypnotic.</p>	<p>℞ Kalii cyanati 0.05,          Aq. destillatæ 5.0.          Gtt. xv—xxx ter die.  <i>Gastralgia.</i></p>
<p>Conii Extr.: gr. 1—8 = 0.065—0.5.</p>	
<p>Coniin: gr. 1-60—1-30 = 0.001—0.002; 0.003 p. diem.</p>	
<p>Curare: 1-60—1-12 = 0.001—0.005.</p>	
<p>Cyan. Pot.: gr. <math>\frac{1}{8}</math>—<math>\frac{1}{4}</math> = 0.008—0.015.</p>	
<p>“ Acid. hydroc. dil. gtt.: 1—5 = 0.085—0.43.</p>	

In Colic, gtt. xx at short intervals, with hot fomentations. In Colica saturnina, gtt. v—xx tertiis horis. In Cholera and Congestion of Brain, 2.0—3.5; in commencement of Intermittens, 3 j in water to induce sleep.

*Conium* causes muscular relaxation, and is employed in enlargements of liver and abdominal organs. Its effects are much heightened when combined with Morphine.

*Cyan-Praep.* are of variable and consequently uncertain strength, and as they belong to the most deadly poisons, they have to be employed with the greatest

67.	68b.
℞ Aq. Amygd. am. c. Sod. Bicarb. $\widehat{a}$ 3 ij. Aquæ fontanæ $\overline{3}$ vj. $\overline{3}$ ss vomitione urgente.	℞ Aq. Laurocerasi Tr. Hyoseyami $\widehat{a}$ 3 j. vel Extracti fluidi gtt. xx. Aq. Aurant. Fl. 3 ij. 3 j omni hora. <i>Gastritis</i> .
68a.	68c.
℞ Aq. Laurocerasi 7.5. Tr. Digitalis 5.0. Gtt. xx ter die. <i>Palpitation</i> . ( <i>from valv. lesions</i> .)	℞ Aq. Laurocerasi $\overline{3}$ ss. Liq. Amm. gtt. xvj. Syr. Fl. Aurantii $\overline{3}$ j. Aq. Rosarum ad $\overline{3}$ jv. $\overline{3}$ ss ter die. <i>Laryngitis</i> .
Vel:	69.
℞ Aq. Laurocerasi Tr. Valerianæ Spir. æth. sulf. “ camphorati $\widehat{a}$ 3 j. 3 ss ex aqua. <i>Hysteria</i> . <i>Spasmus Glottidis</i> .	℞ Extr. Cypripedii fl. Aq. Aurant. Fl. $\widehat{a}$ 5.0. 3 j ter die. <i>Migraine</i> .

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Cyan. Aq. Laurocerasi:	gtt. 5—3 ss = 0.3 —2.0.
“ “ Amygd. am. c.:	gtt. 20—50 = 1.2 —3.2.
Ol. Amygd. am. aeth.:	gtt. $\frac{1}{4}$ — $\frac{1}{2}$ = 0.015—0.03.
Cypriped. Extr. fl.:	gtt. 15—30 = 0.5 —1.0.

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caution. *Acidum hydrocyan. dil.* contains 2 p. cent of anhydrous acid. About gtt. ij should be given at the beginning and gradually increased until its effect is obtained; and the intervals need not exceed two hours, as it is improbable that the drug exerts any influence whatever upon the system one hour after ingestion. (*Scheele's* medicinal acid contains 5 p. cent. of anhydrous, therefore 2 m. of it are equal to 5 m. of the U. S. acid). *Potass. cyan.* is sometimes used instead of the acid, as it is less liable to undergo decomposition.

*Aqua Amygdal. U. S.* is mostly used as a vehicle, though it should not be given in larger than 3 ij doses.

*Cypripedium* is a very valuable nerve tonic in hysteria, and all cases of nervous irritability; and in certain diseases it is preferable to Opium, producing no constipation.



70.

℞ Extr. Dioscoreæ fl.  $\tilde{3}$  ss.  
 “ Cypripedii fl.  
 “ Helon. fl.  $\hat{a}$  3 ij.  
 3 ss—3 j omni hora. *Colic.*  
*(bilious.)*

71.

℞ Extr. Gelsem. fluidi  
 Elix. simpl.  $\hat{a}$  3 j.  
 Gtt. x—xxx bihorio vel tert.  
 horis. *Wakefulness.*

72.

℞ Extr. Grindel. rob. fl.  
 Glycerinæ  $\hat{a}$   $\tilde{3}$  ss.  
 3 j every 15 min. during fit,  
 afterward gtt. xv—xx ter  
 die. *Asthma.*

73a.

℞ Extr. Hyosc. gr. x—3 ss.  
 Pulv. Liquiritiæ q. s.  
 F. pilulæ 10. *Peritonitis.*  
 j bis die. *(if much pain.)*  
 73b.

℞ Tr. Hyoscyami gtt. xv.  
 Spir. Ammon. fæt. 3 ss.  
 Aq. Amygd. am. c. 3 j.  
 Aq. destill. q. s. ad  $\tilde{3}$  ij.  
 3 j ter die. *Laryngismus*  
*(1 year.) stridulus.*

73c.

℞ Tr. Hyoscyami 3 ij.  
 Vini Ipecacuanhæ  $\tilde{3}$  j.  
 Gtt. xx subinde.  
*(3 months.) Pertussis.*

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Dioscor. Extr. fl.	gtt. 10—30	= 0.32—1.0.
Gelsemium “	gtt. 3—20	= 0.1 — 0.65.
Hyoscyamus “	gtt. 5—20	= 0.16—0.65.
“ Tr.:	gtt. 20—3 j	= 1.0 — 4.0.

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*Gelsemium* in too strong doses produces dilatation of pupils and Ptosis; afterward difficult respiration and paralysis of tongue and muscles.

In Cellulitis it may be given until dilatation of pupil or Ptosis, and it is best to begin with small doses: Extr. fl. 0.05—0.1 (gtt. ij—iij.) In Toothache, Tr. gtt. x—xx (3 doses the most necessary). In Delirium tremens, gtt. v bihorio vel tert. horis; besides milk until vomiting ceases.

*Hyoscyamus* may be given until dry throat and dilatation of pupils. Hyoscyamin, Daturin and Duboisin are identical, and similar to Atropin (as Stram. to Belladonn.)

To procure sleep in children (2 years), Tr. gtt. x hora somni; in Spasm of Limbs, gtt. iij bis die; (1 month); in Strangury, gtt. iij—vj bihorio in 3 j of water.

74.		75b.	
℞ Lactucarii	5.0.	℞ Tr. Lobeliæ	15.0.
Rd. Althææ	0.5.	Olei Anethi gtt. v.	
Mucil. Acaciæ q. s.		Aq. destillatæ	185.0.
F. pilulæ 50.	<i>Asthma.</i>	℞ j tertiis horis.	<i>Asthma.</i>
j hora somni.	<i>Cough.</i>		75c.
	75a.	℞ Tr. Lobeliæ	3 ij.
℞ Tr. Lobeliæ		“ Hyoscyami	
“ (Digitalis)		Spir. ætherei $\widehat{a}$	3 iij.
Aq. Laurocerasi		Tr. Digitalis	3 ss.
Spir. ætherei $\widehat{a}$	5.0.	Mixt. Camphoræ ad	3 vj.
3 ss omni hora.		3 ss pro re nata, vel durante	
	<i>Asthma.</i>	paroxysmo.	<i>Asthma.</i>

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Lactucarium: gr. 3 — 12 = 0.2—0.8.

Lobelia Tr. gtt. 20— 3 ij = 1.0—8.0.

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*Lactucarium* is similar to *Stramonium*, but milder; it is occasionally used in nervous irritation and where *Opium* is to be avoided. In conjunction with *Camphora monobromata* it seems to be of especial benefit in phthisical cough.

*Lobelia* is milder than *Nicotine* and must be employed with caution. (Girls working at manufactures of tobacco get weakness of muscles, with or without *Anæmia*). Too strong doses produce Vomiting, *Diarrhœa*, Giddiness, Contraction of Pupils and Convulsions. Its action as emetic is too violent for its safe administration, but it may be used as enema to fulfill the indications of Tobacco. It is most employed in *Asthma*, *Angina pectoris*, *Neuralgia* of heart and the dry and spasmodic cough from *Hyperæsthesia* of *Pneumogastric*: Tr. m. iij—v every 15 minutes, or gtt. xv every hour until slight nausea and relaxation. Its efficiency in these cases may be increased by giving it in conjunction with *Ammon. brom.* or *iod.* It has been recommended in habitual *Constipation*, from atony of the muscular coat of the bowels.

76a.

℞ Lycopodii 10.0.  
 Extr. Viburni fl. 6.0.  
 Syr. Althææ 20.0.  
 Aq. destillatæ 64.0.  
 3 ij— ̄ ss omni hora.

*Cramp.*

76b.

℞ Lycopodii ̄j.  
 Pulv. aromat. gr. x.  
 Vanilini gr. ij.  
 Boleti cervini gr. v.  
 D. tal. dos. 6 in caps. amylac.  
 j hora somni. *Aphrodisiac.*

77a.

℞ Tr. Opii  
 “ “ camph.  $\hat{a}$  ̄ ss.  
 “ Valerianæ 3 ij.  
 “ Rhei aquos. 3 j.  
 Æth. sulf. gtt. xxx.  
 Tr. Aconiti gtt. xv.

Dose, gtt. xx—xxxv.

Vel:

Tr. Opii 1.0.  
 “ Valer. æth. 20.0.  
 Vini Ipecacuanhæ 3.0.  
 Ol. Menth. pip. 0.15.

Gtt. xxx subinde. *Cholera.*

Lycopodium: gr. 20—40 = 1.3 —2.6.

Opium: gr.  $\frac{1}{2}$ — 1 = 0.032—0.065.

“ Tr.: gtt. 6—24 = 0.25 —1.0.

*Opium:* In all painful affections, but especially useful in inflammation of serous membranes, as Peritonitis, Pleuritis, Meningitis, etc. To a weak and dilated heart it is a tonic; it strengthens the heart's action, increasing the arterial tension and making the pulse fuller and firmer. It has, moreover, a specific influence on the action of orbicular muscles, such as the uterus, imparting an increased force of contraction, strikingly in contrast with Belladonna, Hyoscyamus and other narcotics, which relax the muscular fibre. In order to avoid large doses and yet increase or modify the effect of Opium it is sometimes advantageous to combine it with other soothing remedies (Nos. 51, 54, 61, etc). In gastro-intestinal disorders Opium should not be used if there be deficiency in proper secretion, as it arrests all secretions except that of skin, and in cases of Pneumonia it should not be given in full doses if there is an accumulation of mucous secretion in the bronchial tubes. As regards

77b.	77d.
℞ Tr. Opii gtt. lx. Acidi nitr. dil. gtt. jv. Spir. nitrico-æth. 3 j. Mixt. Camphoræ 3 jv 3 ss post sing. sed. liquidas.	℞ Tr. Opii 0.5. Spir. nitrico-æth. 2.0. Aq. Fl. Aurantii 100.0. 3 ss bihorio. <i>Afterpains.</i>
77c.	77e.
℞ Tr. Opii gtt. x. Acid. nitr. dil. gtt. j. Mixt. Camphoræ 3 j. Aq. destillatæ 3 ij. 3 ij post sing. sed. liquidas. (3 years.) <i>Cholera Infant.</i>	℞ Tr. Opii gtt. xv—xx. Spiritus Carvi 3 ss. Aq. Menthæ 3 j. <i>During fit.</i> vel Morph. gr. $\frac{1}{4}$ — $\frac{1}{2}$ on tongue; to be repeat-d in $\frac{1}{2}$ h. or 1 h. if necessary. <i>Gastralgia.</i>

Morphina: gr.  $\frac{1}{8}$ — $\frac{1}{4}$  = 0.008—0.015.

0.2 p. diem; 0.0005—0.003 for children.

Bright's Disease, there is no fear of Opium being dangerous, on account of the blood being surcharged with *urea*; on the contrary, it will render the nervous system more tolerant of the uræmic poison. Children of less than 2 years should never have Opium, but if indicated Morphinum is to be preferred. The latter affects the bowels and head less than Opium; neither does it interfere with the secretions of the mucous membrane, nor is it diaphoretic; but it affects more the contractility of the bladder. In using large doses of Opium, pupil, breathing and its soporific effect should be watched: *somnolence should never become so great that the patient could not easily be aroused; and respiration should not be reduced below 12 p. min.* (Morph. gr. j in 2 injections within 2 hours has produced deep narcotism; on the other hand, Opium gr. xxjv in Dysentery have been given with good result within 24 hours.)

In spurious Insolation (if only faintness, pale skin, pulse weak and pupils dilated, etc.), it may be of ser-

78a.

℞ Tr. Opii camph.  $\bar{3}$  ss.  
 Aq. Amygd. am. c.  
 Extr. Liquir. fl.  $\widehat{a}$  3 ij.  
 “ Bell. fl. gtt. viij.  
 Aq. fœniculi ad  $\bar{3}$  vj.  
 $\bar{3}$  ss tertiis horis. *Cough.*

78b.

℞ Tr. Opii camph. 3 j.  
 Extr. Bell. fl. gtt. j.  
 “ Ipecac. fl. gtt. jv.  
 “ Glycyrrhizæ fl. 3 j.  
 Aquæ Anisi ad  $\bar{3}$  ij.  
 3 j bihorio. *Cough.*  
 (4 months.)

79a.

℞ Pulv. Doveri gr. v.  
 “ aromat. gr. ij.  
 This dose every 6 or 8 hrs.  
 if necessary.  
 vel Morph. gr. 1-8—1-6.  
*Diarrhoea.*

79b.

℞ Pulv. Doveri gr. x.  
 vel Morph. sulf. gr.  $\frac{1}{4}$ .  
 vel Codein. gr.  $\frac{1}{2}$ .  
 Hora somni with toddy and  
 a hot pediluvium.  
*Bronchitis.*  
*(abortive.)*

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Opii Tr. camph.: gtt. 20—3 j— = 1.0 —4.0.  
 Codeina: gr.  $\frac{1}{4}$ —  $1\frac{1}{2}$  = 0.015—0.1.

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vice: Tr. Opii gtt. x, with brandy  $\bar{3}$  ss. (In true Inso-  
 lation it would be dangerous; see part II.)

In Cerebro-spinal Meningitis, Opium gr. j every hour  
 or two. In Cellulitis and Endometritis, gr. j tert horis,  
 avoiding narcotism. In Enteritis, Tr. gtt. xv—xx with  
 turpentine stupes. In Convulsions from exhaustion, gtt.  
 j with v of brandy to infants of less than 1 year. In  
 Trismus nascentium, gtt. j omni hora. In Vomiting and  
 Nausea of Pregnancy, Sol. Magendie gtt. ij—ijj ex aqua.  
 In Peritonitis (general or pelvic), Morph. gr.  $\frac{1}{4}$ — $\frac{1}{2}$   
 bihorio. In Asiatic Cholera, gr. j on tongue, to be re-  
 peated in half hour until dejections cease. Here, as well  
 as in sporadic Cholera, Morph. may be given again at  
 once if rejected; but if again rejected, Opium may be  
 tried in enema, and if this be once or twice quickly  
 returned, then hypodermically. Either remedy should  
 not be repeated before half an hour, as a shorter inter-  
 val might produce narcotism. In Diabetes mellitus,  
 Codein. gr.  $\frac{1}{4}$  ter die, to be increased gradually to gr. ij.

80a.		80c.	
℞ Morph. acetici	0.1.	℞ Morphin. Acetatis	0.25.
Glycerinæ	20.0.	Aceti puri	5.0.
Aq. Cinnamon.	100.0.	Aq. destillatæ	30.0.
Aq. destill.	180.0.	Gtt. x hora somni.	
℥ ss tert. vel quartis horis.		<i>Hypochondriasis.</i>	
80b.		81.	
℞ Morph. sulfur. gr. j.		℞ Aceti Rutæ ( ℥ j) Oj.	
Atrop. sulfur. gr. ½.		3 j ter die.	<i>Chorea.</i>
Cerii oxalici		82.	
Sacch. Lactis a 3 ss.		℞ Tr. Valerianæ	30.0.
Divide in part æqual No. 16.		Spiritus ætherei	4.0.
jquater die. <i>Gastric Ulcer.</i>		Gtt. xx—lx subinde.	<i>Colic.</i>

Ruta, Extr. fl. gtt. 20 — 40 = 0.65 — 1.0.

Valer. “ “ gtt. 15 — 3 j = 1.0 — 4.0.

“ Tr.: 3 j — ̄ ss = 4.0 — 16.0.

*Tr. Opii* gtt. 20 = gr. j; *Tr. Opii camph.* ̄ ss = gr. j.

*Sol. Morph. U. S.* ̄ j = gr. j; *Magendie*, 3 ss = gr. j.

*Syr. Morph.*: Morph. acet. 0.1, Acid. acet. dil. gtt. v.

Syr. spl. 200.0. ( 3 j = 0.002 pro dosi).

*Pulv. Ipecac comp.*: Pot. sulf. gr. viij.

Ipecac. and Opium, <sup>a</sup> gr. j.

*Chlorodyne*: Morph. sulf. gr. jv, Extr Cannab. gr. viij.

Chloroform, 3 j, Ol. Menthæ pip. gtt. jv.

Tr. Capsic. gtt. ij, Alcoh. et Glycerin. ad ̄ j.

Dose, gtt. 20; for children, gtt. 3—8, according to age.

*Ruta* has a decided influence on the uterus and is used in Amenorrhœa as well as in Uterine Hemorrhage; in the latter, when it is dependent on an atonic state of the organ. It may be given gr. 15—3 ss. ter die in infusion. It is sometimes very effective in Colic, especially of hysterical subjects.

*Valeriana* is as Antispasmodic one of the most popular remedies in Germany. Especially valuable in Hysteria and some cases of Hypochondriasis (Nos. 41, 58, 77).

83.		84c.	
R Vanilini	0.05—0.15.	R Tr. Veratri vir.	gtt x.
Bis vel ter die.		Syr. Scillæ comp.	3 ij.
<i>Antispasmodic.</i>		“	tolutani ad 3 ij.
84a.		3 j	tertiis horis.
R Veratrini	0.05.	(4 years.)	<i>Bronchitis.</i>
Alcoholis	2.0.		85.
Syr. simplicis	50.0.	R Extr. Viburn. prunif. fl.	
Aq. Fontis	120.0.	Extr. Helon. fl. a	3 ij.
3 ss	bihorio until sick feeling.	“	Dioscor. fl. 3 j.
	<i>Febrile Diseases.</i>	Gtt. x—xxx	ter die.
84b.		<i>Dysmenorrhœa.</i>	
R Tr. Veratri viridi	1.0.	(neuralgic.)	
Syr. simplicis	30.0.	86.	
Aq. fontanæ	100.0.	R Extr. Xanth. spin. fl.	
3 ss every 15 or 30 minutes.		Gtt. x—xx	ter die.
(Children 3 j.)	<i>Cholera.</i>	<i>Hydrophobia.</i>	
Vanillin:	gr. $\frac{1}{2}$ —2	=0.03—0.13 ter die.	
Veratrum Tr.	gtt. 2—12	=0.065—0.4.	
Veratrin:	gr. 1-40—1-12	=0.0015—0.005 ter die.	
Viburn. Extr. fl.:	3 ss—3 jss	=2 0—6.0.	
Xanth. Extr. fl.:	gr. 2—10	=0.1—0.6 ter die.	

*Veratrum*: In febrile diseases where pulse is weak and rapid. (See Aconite.) As soon as nausea or diaphoresis begins, it has to be stopped or at least to be diminished. In puerperal convulsions hypodermically (page 110).

In Abortion, Cellulitis, etc. Tr. m. j—ij bihorio with Sod. salicyl. gr. xv tert. horis.

*Viburnum* is used in Uterine Hemorrhage, and as prophylactic in Abortion, threatening or habitual. In Dysmenorrhœa (without mechanical obstruction), Extr. Viburn. comp. fl. 0.5—1.0 ter vel quater die. In Cramps of legs or feet, Tr. gtt. x ter die.

*Xanthium* (No. 86) has to be used at least for a month, though its efficiency is more than doubtful. For children is the dose 0.3.

## SECTION III.

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### CORRECTIVES AND ELIMINATIVES.

Under this head are counted ACIDS, ANTACIDS, EXPECTORANTS, DIAPHORETICS, DIURETICS, and all those medicines which correct and improve digestion by supplying the system with the required material; or which eliminate various substances from the body by increasing the activity of the secretory glands at fault.

ACIDUM CITRICUM: Refrigerant, Antiscorbutic.

ACIDUM HYDROCHLOR. D.: Antalkaline, Antiphosphatic, Alterative.

ACIDUM NITRICUM DIL: Antilithic, Alterative.

ACIDUM NITRO-MURIATICUM D.: Antilithic, Antiphosphatic, Antisyphilitic.

AMMONIUM: Antacid, Diaphoretic, Diuretic, Expectorant, Stimulant.

APOMORPHINA: Expectorant, Emetic.

BENZINUM: Vermifuge.

BENZOIN: Expectorant, Antispasmodic.

BISMUTHUM: Antacid, Antiseptic, Stimulant.

BLATTA: Diuretic.

BUCHU: Diuretic, Stimulant, Tonic.

CANTHARIS: Diuretic, Stimulant.

CARBO: Antacid, Absorbent.

CIMICIFUGA: Diaphoretic, Diuretic, Anodyne.

COLCHICUM: Diuretic, Antiarthritic, Sedative.



COPAIVA: Diuretic, Stimulant, Cathartic.

CRETA: Antacid.

DIGITALIS: Diuretic, Tonic.

JABORANDI: Diaphoretic, Sialogogue.

LITHIUM: Antacid, Diuretic.

MAGNESIA: Antacid.

OPIUM: Narcotic. (See section II.)

PAREIRA: Diuretic, Astringent, Tonic, Sedative.

POTASSIUM ET SODIUM: Antacid, Diuretic, Refrigerant.

SANGUINARIA: Expectorant, Alterative, Refrigerant, Emmenagogue, Emetic.

SCILLA: Diuretic, Expectorant, Stimulant.

TOXICODENDRON: Diaphoretic, Diuretic, Stimulant.

87.		89.	
R̄	Acidi citrici                      5.0.	R̄	Acidi nitr. d. 3 jss.
	Glycerinæ                      100.0.		Tr. Card. comp. 3 ij.
	Aquæ Fontis ad 1000.0.		Aq. Fl. Aurant. ʒ j.
During the day. <i>Potus</i>		Syr. simplicis ad ʒ vj.	
	<i>Diabeticorum.</i>	3 ij omni hora vel bihorio.	
88.		(2 years.) <i>Pertussis.</i>	
R̄	Acid. hydrochlor. d. 3 j.	90a.	
	Glycerinæ ʒ j.	R̄	Acidi nitro-mur. dil.
	Aq. fontanæ ad ʒ viij.		Spir. nitrico-æth. a 3 ij.
	ʒ ss bihorio and as gargle.		Aq. fontanæ ad ʒ viij.
(4—7 years.) <i>Scarlatina.</i>		ʒ ss ter die. <i>Oxaluria.</i>	

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Acid. citricum:	gr.	10—30	= 0.65—2.0.
“ hydrochl. d.:	gtt.	5—30	= 0.35—2.15.
“ nitr. dil.:	gtt.	2—20	= 0.15—1.5.
“ nitro-mur. d.:	gtt.	2—20	= 0.14—1.4.

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*Vegetable Acids* form, properly diluted, refreshing drinks in febrile diseases. Acid. citr. is more used than Acid. acet. because the latter produces often Colic or Diarrhœa; however in Typhus, Scarlatina, etc., vinegar is preferable. Acid. tart. is a good substitute to citric acid, on account of its being cheaper. Acid. citr. ʒj to sugarwater Oj is a refreshing lemonade. Succus Citri et Aqua, a will often afford relief in Vomiting of Pregnancy.

*Acidum aceticum dilutum* (Vinegar), 1:7 Aqua.

*Mineral Acids*, when properly diluted, allay not only thirst, but increase also the appetite. They correct moreover the morbid alkalinity of the blood in Typhoid and other essential fevers; and in Dyspepsia, when dependent on a deficiency of the gastric fluid, they are of great benefit, especially when combined with vegetable tonics. See section v. In Kater (Alcoholism): Acid. mur. d. gtt. viij—x e cyatho aquæ. In Diarrhœa: Acid. nitr. d. gtt. j—ij ex aqua (it acts sometimes like a charm.) See part II. In Oxaluria: Acid. nitrohydro-

90b.

℞ Acid. nitro-mur. d. 3 jss.  
 Extr. Pareiræ fl.  $\frac{3}{4}$  ss.  
 Aq. fontanæ ad  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  ss ter die p. cibum ex  
 aqua. *Phosphates.*

91.

℞ Acidi phosph. dil.  
 Tr. Card. comp.  $\hat{a}$   $\frac{3}{4}$  j.  
 Inf. Colombo  $\frac{3}{4}$  jv.  
 $\frac{3}{4}$  j ter die p. cibum. *Same.*

92a.

℞ Liq. Amm. acet.  $\frac{3}{4}$  ij.  
 Spir. nitrico-æth.  $\frac{3}{4}$  ss.  
 Mixt. Camph. ad  $\frac{3}{4}$  viij.  
 P.  $\frac{1}{4}$  quartis horis. *Dropsy.*

92b.

℞ Liq. Am. Acet. 3 j—3 jv.  
 Spir. nitr. æth. 3 j—3 iiij  
 Tr. Aconiti gtt. j—iiij.  
 Bihorio (if pulse full and  
 bounding.) *Erysipelas.*

92c.

℞ Liq. Amm. acet.  $\frac{3}{4}$  jv.  
 Tart. emetici gr. j.  
 3 ij every half hour with  
 water until eruption re-  
 appears. *Convulsions.*  
*(in Scarlatina, etc.)*

93a.

℞ Ammon. carbonici  
 Extr. Colombo fl.  $\hat{a}$  3 ss.  
 Tr. Cardam. comp. 3 ij.  
 Aquæ Fontis  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  j bis die. *Flatulency.*  
*(in gouty habits.)*

93b.

℞ Ammon. Carbonatis 3 j.  
 Extr. Senegæ fl. 3 ij.  
 “ Scillæ fl. 3 j.  
 vel Tr. Scillæ  $\frac{3}{4}$  ss.  
 Syr. tolutani  $\frac{3}{4}$  j.  
 Aq. fontanæ ad  $\frac{3}{4}$  viij.  
 $\frac{3}{4}$  ss ter die. *Cough.*

Acid. phosph. d. gtt. 10—60 = 0.65—4.0.

Ammon. Acet. Liq.: 3 ss— $\frac{3}{4}$  ss = 2.0 —16.0.

“ Carbonas: gr. 3—10 = 0.2 — 0.65

chlor. dil. gtt. x—xv ex aqua on empty stomach, especially if taste foul or insipid.

*Ammonii Acetas* (Ammonum aceticum) is in small doses refrigerant, and in large ones diaphoretic and diuretic. It is readily prepared *ex tempore* by neutralizing Acidum aceticum dilutum (m. xxvij:  $\frac{3}{4}$  j) with Ammon. carb. (gr. xxiv.)

In Dropsy,  $\frac{3}{4}$  ss ter die ex aqua. In Congestive Dysmenorrhæa, 3 ij ter die ex aqua. In Convulsions from suppressed eruption of Scarlatina, to a child of 3 years, 3 j ex aqua every 10 minutes after a mustard bath.

94a.	94c.
R Ammon. Chloridi	R Ammon. chlorati 1.5.
Extr. Eucalypti fl.	“ pierin. 0.06.
“ Glycyrrh. fl. $\hat{a}$ 3 ij.	Succi Liquiritiæ 4.0.
Tr. Opii camph. $\frac{3}{4}$ ss.	Aq. fontanæ 100.0.
Aq. Fontis ad $\frac{3}{4}$ viij.	3 ij omni hora. <i>Pertussis</i> .
$\frac{3}{4}$ ss tert. horis. <i>Phthisis</i> .	(1—2 years; 3 j, 6 months
Vel:	or less.)
R Ammon. muriatici	94d.
Succi Liquiritiæ $\hat{a}$ 5.0.	R Ammon. chlorati 3 ij.
(Tart. emet. 0.05.)	Extr. Xanthii fl. 3 j.
Aq. fontanæ ad 200.0.	Aq. Melissæ $\frac{3}{4}$ viij.
$\frac{3}{4}$ ss bihorio. <i>Catarrh</i> .	$\frac{3}{4}$ j ter die. <i>Hydrophobia</i> .
94b.	95.
R Ammon. Chloridi.	R Tr. Apium mellif. 3 ss.
Potass. Iodidi $\hat{a}$ 3 j.	“ Pulsatillæ 3 ij.
Succi Glycyrrhizæ 3 ij.	Elix. simplicis ad $\frac{3}{4}$ jv.
Aq. Fœniculi $\frac{3}{4}$ vj.	3 j ter die. <i>Masturbation</i> .
$\frac{3}{4}$ ss ter die. <i>Emphysem</i> .	(nocturnal emissions.)

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Ammon. Chloridum:	gr.	3—15	=	0.2	—1.0.
“ Liquor:	gtt.	5—30	=	0.32	—2.0.
“ Spir. arom.:	gtt.	15—3 j	=	1.0	—4.0.
“ Picras:	gr.	$\frac{1}{4}$ —1	=	0.015—0.065.	

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*Aqua Ammoniacæ.* Aside from being used in acidity and flatulence, it is the physiological antidote to Alcohol, and a very good stimulant for speedily arousing the vascular and respiratory system; therefore, its employment in Syncope, low forms of fever, etc. It is best given as Spir. Ammon. arom.; yet as antacid, stimulant and stomachic, Ammonii Carbonas is generally preferred. (p. 73.) Ammonii Chloridum is not admissible if there be much inflammation.

In Kater (Alcoholism): Aqua Ammoniacæ gtt. x—xxx e cyatho aquæ; in Diabetes: Ammon. chlor. 1.25 quartis horis; in Intermittens: 3 j of the same during intermission; in Facial and Dental Neuralgia: gr. x— $\mathfrak{D}$ j bihorio.

96a.		98.	
℞ Apomorph. hydrochlor.	0.01—0.03.	℞ Acidi benzoici	2.0.
Acid. hydrochl. d. gtt. v.		(Sod. bicarb. 5.0.)	
Syr. simplicis	50.0.	Sod. phosph.	10.0.
Aq. Fontis	100.0.	(Tr. Hyoseyam. 10.0.)	
℥ ss bihorio.	<i>Asthma.</i>	Aq. Cinnamomi	200.0.
	( <i>pituitosa.</i> )	℥ ss ter die.	<i>Lithiasis.</i>
96b.		98b.	
℞ Apomorphini gr. j.		℞ Natri benzoici	2.5.
Acid. hydrochl. d. gtt. jv.		“ silicii	1.2.
Syrupi simplicis	℥ j.	Extr. Aconiti	0.2.
Aq. Melissæ	℥ iij.	“ Colchici	0.6.
℥ j omni hora.	<i>Cough.</i>	Saponis medicati	0.5.
3 years, (℥ ij: 7 years).		F. pilulæ 20.	<i>Chronic</i>
		ij—jv ter die.	<i>Cystitis.</i>
97.		98c.	
℞ Benzin. lithanthr.	5.0.	℞ Magn. Benzoatis	7.5.
Olei Carvi	1.0.	Glycerini	20.0.
Spiritus ætherei	10.0.	Syr. simplicis	50.0.
Gtt. xx—xxx ter die post		Aq. destillatæ	100.0.
cibum.	<i>Flatulency.</i>	℥ ss bihorio vel tertiis horis.	<i>Gravel.</i>

Apomorphin gr. 1-30—1-8 = 0.002—0.008.

Benzoin. Acid.: gr. 8—30 = 0.5 —2.0.

*Apomorphin* is a prompt emetic and mostly used hypodermically, especially in narcotic poisoning. (p.3\*.) As expectorant it may be given 0.001—0.003 tert. horis.

*Benzoin* resembles in its effects Myrrh. *Acidum benzoicum* abstracts in its passage through the system nitrogen from the elements of urea, being changed into hippuric acid, hence its use in uræmic poisoning. *Sodii Benzoas* is more easily soluble and tastes less sharp: 13.3 = 10.0 Acid. The effect of the Soda on the blood is greater than that of Acid. salicyl., and it is the best dialytic by inclination to *Lithiasis*. *Natrum benzoicum*

99a.	99c.
R Bismuthi nitrici pr. Calcar carbon. $\widehat{a}$ 5.0. Opii 0.25. Divide in partes 10. j bis die ante cibum.	R Bismuthi Subnitr. $\mathfrak{D}$ j. Pulv. aromat. gr. v. D. tal. dos. 6 in caps. amylac. j post cibum. <i>Pyrosis.</i>
99d.	
<i>Chronic Diarrhœa.</i> Vel: R Bism. subnitrici Cretæ præpar. $\widehat{a}$ gr. v. Morph sulfuricæ gr. 1-6. Dentur tales doses 6. j tertiis horis. <i>Diarrhœa.</i> <i>(in Erysipelas.)</i>	R Bism. subnitrici Natri bicarb. $\widehat{a}$ gr. xv. Tr. Opii camph. $\mathfrak{z}$ ij. Syr. simplicis $\mathfrak{z}$ j. Aquæ fontanæ $\mathfrak{z}$ ij. 3 j tertiis horis. <i>Diarrhœa.</i> (3 months). Vel:
99b.	
R Bism. Subnitratis $\mathfrak{D}$ j. Sod. Bicarb. gr. v. Morphinæ gr. 1 6. Dentur tales doses 6. j tertiis horis. <i>Dysentery.</i>	R Bism. subnitr. gr. x. Hydr. c. Creta gr. iiij. Opii gr. ss. Sacchari $\mathfrak{D}$ j. Divide in partes 10. j tertiis horis. (3-months.)
Bism. Subcarb.:	
gr. 5—30 = 0.32—2.0.	
“ Subnitras.:	
gr. 5—30 = 0.32—2.0.	

and lemonade are quite sufficient to render alkaline urine of normal reaction.

In Red Gravel, Acid. benzoic. gr. v—x ter die. In Phosphates, Gout, Albuminuria, Incontinence of Urine, Laryngitis (chron. with hoarseness) etc., No. 98a, or Sodii Benzoas, 0.1—1.0 quater die e cyatho aquæ—the water to assist its dissolving property. In Diphtheria,  $\mathfrak{z}$  ss—3 vj in 24 hours. In Tuberculosis, Magn. benzoic. 0.15—1.0 bihorio vel quartis horis is curative(?).

*Bism. nitricum pr.* is very valuable in that form of Dyspepsia where the formation of sulfurated hydrogen is a prominent symptom.

In many cases the efficiency of Bism. Præp. is materially increased by combining them with Naphthol, Salicin and other antiseptic agents. See p. 15 et sequelæ.

100.	103.
℞ Blattæ orientalis	℞ Carbonis vegetab. 3 j.
Sacch. Lact. $\hat{a}$ 0.2—0.6.	Pulv. aromat. gr. x.
Dentur tales doses 6.	Divide in partes 6.
j ter die.	j post cibum. <i>Flatulency.</i>
101.	104.
℞ Inf. Fol. Buchu $\bar{\zeta}$ viij.	℞ Extr. Cimicif. fl. 3 j.
(ex 3 ij.)	Aq. Menthæ $\bar{\zeta}$ jss.
Daily in divided doses for	3 j ter die. <i>Chorea.</i>
about a week.	105a.
<i>Incontinence of Urine.</i>	℞ Vini Colchici 12.0.
102.	Tr. Opii 2.0.
℞ Cantharid. pulv.	Gtt. xx ter die. <i>Gleet.</i>
Scillæ Radicis	105b.
Mass. Hydrarg. $\hat{a}$ gr. xij.	℞ Vini Colchici 18.0.
Folior. Digitalis gr. ij.	Tr. Opii crocat. 2.0.
F. pilulæ 12.	Gtt. xx—lx tert. vel quartis.
j bis die. <i>Albuminuria.</i>	horis. <i>Asthma.</i>

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Buchu Extr. fl.:	3 ss—3 j	= 2.0 —4.0.
Cantharides:	gr. 1-6—1	= 0.01—0.065.
“ Tr.	gtt. 4—15	= 0.13—0.5.
Carbo Ligni.:	gr. 10—40	= 0.65—2.6.
Cimicifuga, Extr. fl.:	gtt. 15—3 ss	= 1.0 —2.0.
Colchicum Vinum S.	gtt. 15—3 j	= 1.0 —4.0.

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*Buchu* (*Diosma crenulata*), or *Uva Ursi*, as infusion, to be taken ad libitum, or Extr. fl. 3 j ter die, is more or less valuable in all affections of the genito-urinary tract.

*Cantharis* (p. 75) is mostly used in diseases of the urino genital apparatus, upon which it has a powerful influence. At the appearance of strangury or priapism, which latter is sometimes very painful and obstinate, it must be discontinued and Camphor given. (p. 5.)

In Albuminuria, to remove the congestion of the kidneys; in Retention of Menses, Tr. Cantharidum gtt. x ter die; in Incontinence of Urine from paralysis of neck of bladder, the same dose in linseed tea.

105c.		106a.	
℞ Tr. Colchici Sem.		℞ Copaivæ	3 iij.
“ Guayaci	ā 10.0.	Mucil. Acaciæ	℥ j.
Gtt. xxx—xl ter die.		Tr. Ferri chlor.	3 iij.
Vel:		Aq. Fontis ad	℥ viij.
℞ Tr. Colchici S.	25.0.	℥ ss—℥ j ter die post cibum.	
“ Aconiti	10.0.	<i>Gonorrhœa.</i>	
“ Digitalis	5.0.	Vel:	
Vini albi q. s. ad 1000.0.		℞ Copaivæ	50.0.
8 c. c. bis die. <i>Rheumatism.</i>		Alcoholis	10.0.
105d.		Ol. Menth. pip.	
℞ Tr. Colchici S.	3 iij.	Gtt. xl—l quater die ex	
Kalii iodati	3 ss.	aqua saccharata.	
Aq. destillatæ	℥ iij.	<i>Gonorrhœa.</i>	
℥ ss ter die. <i>Neuralgia.</i>		<i>(if chronic.)</i>	

Colchic. Extr. fl.:	gtt.	5—20	=	0.2—0.65.
“ Tr.:	gtt.	15—3 j	=	0.5—4.0.
Copaiva:	gtt.	15—3 j	=	1.0—4.0.

*Colchicum* is by no means a true diuretic—its action on the kidneys being no greater than it is on the skin, liver and mucous membrane; but it has a decided anti-arthritic influence, not only on account of its diminishing the uric acid in the urine, but also probably arresting fermentation of this acid in the blood. Its effect should be watched as it produces in too strong doses Gastritis, bloody stools, etc., with great nervous excitement. (See p. 5.) It is generally administered till an effect is produced on the bowels, unless it is desirable to act more on the skin, when it must be combined with Opium.

*Copaiva* acts analogous to the Terebinthinates, stimulating the secretions from the mucous membrane. It is almost exclusively used in *Gonorrhœa* and will act here under proper directions to a certainty. Though of benefit in painful hemorrhoidal affections and the chronic form of *Bronchitis*, *Diarrhœa* and *Dysentery*, it is seldom



106b.	Vel:
℞ Copaivæ 3 ij—3 iij.	℞ Copaivæ
Liq. Potassæ ̄ ss.	Ol. Terebinth. ̄ a 3 ij.
Tr. Aloes comp. 3 ij.	Gtt. xx quater die. <i>Cystitis</i> .
Aquæ fontanæ ad ̄ viij.	107.
̄ 3 j ter die post cibum.	℞ Cretæ præp. gr. xij.
<i>Gonorrhœa.</i>	Calomelanos gr. vj.
Vel:	Opii gr. j.
℞ Copaivæ 3 ij—3 iij.	Divide in partes 12.
Pepsin. in frust. 3 ss.	j bis die. <i>Dysentery</i> .
Aq. Fontis ad ̄ viij.	(6 months.)
̄ 3 j ter die post cibum.	Vel:
106c.	℞ Pulv. Cretæ comp. gr. ij.
℞ Copaivæ 30.0.	“ Cretæ comp. cum
Chloroformii 3.0.	Opio gr. j.
Tr. Ferr. acet. æth. 10.0.	After each stool, or every
Gtt. xl—l ter die.	hour. (1 year.)
Vel:	(3 years: double the dose—
℞ Copaivæ 25.0.	5 years: treble—10 years:
Tr. arom. acidæ 5.0.	treble every half hour.)
Gtt. xv—xx quater die.	<i>Diarrhœa.</i>

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Creta Mixt.: ̄ ss—̄ 3 j = 16.0—32.0.

“ Pulv. co.: gr. 15—̄ 3 j = 1.0—4.0.

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employed on account of its horrible taste. Liqueur Potassæ and Pepsin emulsify it; but if combined with vegetable or mineral styptics, Acacia must be used for that purpose. Combined with Ol. terebinthinæ (in Cystitis) it makes the alkaline urine soon sour. The best way of taking Copaiva is to swallow two or three capsules before a meal, or at bedtime, and to take the other ingredients of the mixture separately.

*Pulv. Cretæ comp.*: Creta,  $1\frac{1}{2}$ ; Acacia, 1; Sacchar. p.  $2\frac{1}{2}$ .

*Pulv. Cretæ comp. c. Opio*: ̄ ij = gr. j.

*Mixt. Cretæ*: Pulv. Cretæ comp. ̄ 3 j; Aq. Fontis ̄ 3 j.

In Vomiting of Pregnancy: Aq. Calcis cum Lacte.

108a.	108b.
℞ Tr. Digitalis	℞ Tr. Digitalis
Vini Colech. Sem. ̑ 3 ij.	Vini Colehiei S. ̑ 10.0.
Kali nitrici 3 j.	Spir. muriatico-æth. 2.0.
Roob Juniperi ̄ 3 j.	Gtt. xx quartis horis.
Aq. Fontis ad ̄ 3 viij.	<i>Hydrothorax.</i>
̄ 3 j bihorio. <i>Dropsy.</i>	109.
Vel:	℞ Inf. Folior. Jaborandi
℞ Tr. Digitalis 3 ij.	(ex 10.0) 200.0.
“ Scillæ	Pars semis at once; of the
Syr. Aurant. C. ̑ 3 j.	rest ̄ 3 ss hourly with as
Mixt. Camph. ad ̄ 3 v iij.	much wine. <i>Poisoning</i>
̄ 3 ss ter die.	by <i>Atropin.</i>
Vel:	110a.
℞ Tr. Digitalis ̄ 3 ss.	℞ Lith. benzo-salicyl. 3 jss.
“ Apocyni ̄ 3 j.	Extr. Hydrang. fl. ̄ 3 ij.
Aquæ Fontis ad ̄ 3 viij.	Aq. fontanæ ̄ 3 vj.
̄ 3 j quater die.	3 ij ter die. <i>Hæmaturia.</i>

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Digitalis:	gr.	$\frac{1}{2}$ —2	=0.032—0.13; $\frac{1.0}{\text{diem.}}$
“ Extr. fl.	gtt.	5—40	=0.18 —1.3.
“ Tr.:	gtt.	10—80	=0.32 —2.6.
Jaborandi Extr. fl.:	gtt.	15—3 j	=1.0 —4.0.
Pilocarpin:	gr.	1-30— $\frac{1}{8}$	=0.002—0.02.

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*Digitalis* (p. 78), slows the pulse and is occasionally valuable in Spasmodic Neuralgia, Genital Irritation and Insanity. The tincture may be given in 3 ss doses in delirium of Typhoid.

*Jaborandi* usually produces after 10 minutes administration profuse ptyalism, nausea and diaphoresis. Its antidotal power (No. 109) is based upon the fact that it slows the heart's action by stimulating the same nervous apparatus which is paralyzed by Belladonna, namely, the intra-cranial inhibitory apparatus. *Pilocarpin* sometimes causes headache, vomiting, singultus, dysuria, cold extremities and collapse. Duboisin, Atropin and Daturin are the antidotes; secretions of skin and contraction of

## 110b.

℞ Lith. benzo-salicyl. 3 jss.  
 Extr. Gelsem. fl. gtt. x.  
 “ Hyoscyami fl. 3 ij.  
 “ Hydrangææ fl. 3 ij.  
 (Pot. brom. 3 ss.)  
 Aq. Fontis ad 3 viij.  
 3 ss quartis horis ex aqua.

*Cystitis.*

## 110c.

℞ Lithii citrici 4.0.  
 Glycerini 30.0.  
 4 c. c. bis die. *Gout.*

Vel:

℞ Lithii Citratis 3 j.  
 (Tr. Colchic. S. 3 j.)  
 Aquæ fontanæ 3 vj.  
 3 ss bis vel ter die ex aqua.

## 111a.

℞ Magn. carbon. 3 ss.  
 Spir. Lavand. comp. 3 jss.  
 Olei Carvi gtt. vj.  
 Aq. fontanæ 3 jv.  
 3 j subinde. *Diarrhœa.*

## 111b.

℞ Magnes. carbon. 3 ss.  
 Extr. Rhei. fluidi  
 Spir. Amm. arom. a 3 ij.  
 Aq. Fœniculi ad 3 jv.  
 3 j bis vel ter die. *Diarrhœa.*

## 112a.

℞ Magn. ustæ 10.0.  
 Aq. fontanæ 100.0.  
 Glycerini 40.0.  
 16 c. c. every 15—30 min.  
*Poisoning by acids, etc.*

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Lithii Carb.: gr. 2—8 = 0.13—0.5.

“ Citras: gr. 2—8 = 0.13—0.5.

Magn. carb.: gr. 15—3 ij = 1.0 —8.0.

“ usta: gr. 15—3 j = 1.0 —4.0.

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pupils are stopped at once (see Hyoscyamus, p. 33). Pilocarpin is advantageously used in Uræmia of Typhoid, if hydragogues are contra-indicated by abdominal symptoms; but it should not be employed in heart and lung diseases; nor in hydrops of pregnant.

In Ascites: Extr. Jaborandi fl. 3 j hora somni. In Neuralgia, Nervi Quinti, 3 ss—3 j before the expected return of the fit. In Uræmia of Typhoid and Pernicious Intermittens, Pilocarpin hydrochlor. gr.  $\frac{1}{4}$ .

*Lithium*: The salts of Lithium are double the strength of those of Potassium. As Litholyticum: Lithium benzoicum 0.1—0.2 tertiis horis; Lith. carbonicum 0.2—0.5 ter die (1.5 per diem).

112b.	114.
R Magn. ustæ gr. vj.	R Extr. Pareiræ fl. ʒ j.
Aquæ Fontis ʒ jss.	Spir. Junip. comp. ʒ ij.
3 j ter die. <i>Stomatitis.</i>	Acidi benzoici 3 j.
(8 months.)	Morphii sulfurici gr. j.
113a.	3 j ter die. <i>Irritable</i>
R Tr. Opii camph. ʒ ss.	<i>Bladder.</i>
Extr. Scillæ fl. 3 j.	115.
Mucil. Acaciæ ʒ ij.	R Picis liquid. pulv. 20.0.
Syr. Pruni Virg. ʒ j.	Vini Hispanici 1000.0.
Aq. fontanæ ad ʒ vj.	Sepone interdum agitando
ʒ ss subinde. <i>Bronchitis.</i>	per diem, tum filtra.
113b.	ʒ j pro dosi.
R Tr. Opii camph. ʒ ij.	<i>Chronic Bronchitis.</i>
(Ammon. chlor. ʒj.)	116.
Extr. Bellad. fl. gtt. ij.	R Tr. Pimpinellæ 20.0.
“ Ipecac. fl. gtt. jv.	Syr. Morphini
Aq. Laurocerasi 3 j.	Aq. Melissæ a 100.0.
“ Anisi ad ʒ jv.	3 ij tertiis vel quartis horis.
3 ij tertiis horis. (3 years.)	<i>Hoarseness.</i>
Pareira Extr. fl.: 3 ss—3 j = 2.0—4.0.	
Pimpinella Tr. gtt. 20—3 j = 1.0—4.0.	

Lithii Citras 10.0 = Acid. citr. 9.6 and Lith. carb. 5.3. The average dose is from 0.5—1.0 ter die. Both the Carbonate and Citrate are very valuable in Gout, from the fact of their low combining power, and the great solubility of the Urate of Lithium, thus enabling them to eliminate easier the uric acid from the system. They are best given largely diluted, and the Carbonate in Carbonic acid water.

*Magnesia* is a favorite laxative for infants—its combination with Rhubarb is known in Germany as Infant's powder *par excellence*. See section VI.

*Pareira* is an excellent remedy in chronic diseases of the urinary passages, particularly chronic Inflammation of the Bladder; it is also slightly aperient.

*Pix liquida pulv.* = *Pix liquida* p. 1; Carbo Ligni p. ij.

## 117a.

℞ Pot. Acetatis ̄ ss.  
 Tr. Rhei 3 x.  
 Vini stibiatī 3 ij.  
 Gtt. v—x ter die. (To in-  
 crease to 30.) *Rickets.*

## 117b.

℞ Kali acetici 5.0.  
 Oxym. Scillæ  
 Syr. simplicis <sup>a</sup> 15.0.  
 Aq. Petroselini 125.0.  
 16 c. c. bihorio. Diuretic.

## 118a.

℞ Liq. Potassæ  
 Spir. nitrico-æth. <sup>a</sup> 3 ij.  
 Extr. Gent. comp. fl. 3 ss.  
 vel Tr. Gent. comp. ̄ ss.  
 Aq. fontanæ ̄ vj.  
 ̄ j ter die. *Cardialgia.*

## 118b.

℞ Kali carbonici 3 j.  
 Spir. nitrico-æth. 3 ij.  
 Tr. Cinnam. comp. ̄ ss.  
 Inf. Gent. comp. ad ̄ viij.  
 ̄ sster die. *Ovar. Dropsy.*

## 119a.

℞ Pot. Bicarb. 3 ij.  
 vel Liq. Potassæ ̄ ss.  
 Extr. Hyoseyami fl 3 ss.  
 vel Tr. Hyoseyami 3 iij.  
 Mixt. Camphor. ad ̄ viij.  
 ̄ j ter die post cibum.

*Red Gravel.*

## 119b.

℞ Kali bicarbonici 3 jss.  
 Ammon. carbonici 3 ss.  
 Aquæ fontanæ ̄ vj.  
 ̄ j bis die. *Antilithic.*

Potass. Acetas:	gr.	5—30	=	0.32—2.0.
“      Liquor:	gtt.	5—30	=	0.32—2.0.
“      Carb.	gr.	5—30	=	0.32—2.0.
“      Bicarb.:	gr.	5—30		0.32—2.0.

*Potassii Acetas* (Kali aceticum) like all alkaline salts containing a vegetable acid, is changed in the stomach into a carbonate, and eliminated by the kidneys, making the urine usually alkaline. In large doses a gentle cathartic, it is in small ones diuretic, increasing the flow of urine, yet diminishing both the uric acid and urea, hence it prevents more or less the formation of uric acid calculi. It is much employed in acute Rheumatism and Dropsies; and it has also been found useful as an alterative in cutaneous affections.

Salts of Potassium or Sodium used as antacids (with vegetable tonics) in Dyspepsia, accompanied with excess of acid in the primæ viæ, promote the digestion of fatty

119c.	Vel:
R Pot. Bicarbonat. 3 j.	R Natri bicarb. 3 ij.
“ Iodidi gr. xij.	Rad. Rhei 3 ss.
Aquæ destillatæ 3 vj.	Cort. Cinchonæ 3 j.
3 ss bis die. <i>Bronchitis.</i>	F. pulvis. 3 j ter die.
119d.	120b.
R Kali bicarbonici	R Sod. Bicarbonatis 3 j.
Spir. Amm. arom. a 3 j.	“ Nitratis 3 ss.
Aq. destillatæ 3 jv.	Aq. fontanæ 3 iij.
3 j ter die cum Acidi citrici	3 j omni hora.
gr. 15 antea in Aqua solut.	(4 years.) <i>Diphtheria.</i>
<i>Chron. Vomiting.</i>	120c.
120a.	R Natri bicarbonici gr. x.
R Sod. Bicarb. 3 iij.	Ferri c. Saccharo
Spir. Lavand. comp. 3 ss.	Bism. subnitr. a gr. viij.
Aq. destillatæ 3 vj.	D. tal. dos. 6 in caps. amyl.
3 ss tertiis vel quartis horis.	j ter die post cibum.
<i>Jaundice.</i>	<i>Endocarditis.</i>

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Sod. Bicarb.: gr. 5—60 = 0.32—4.0.

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matter. Their action in Gout and acute Rheumatism depends also on the neutralization of the excess of acid with which the blood is charged. By neutralizing the acid, the alkalies relieve also the irritability of the urinary organs; hence their use in Ardo Urinæ accompanying Gonorrhœa, Pruritus Ani, Uterine and Cutaneous Irritation, etc. The preparations of Sodium are less irritating and less depressing than those of Potassium; and though they are inferior as antilithics, being less powerful solvents of uric acid, they are better antidyspeptics.

In the treatment of Red Gravel, etc., the exhibition of the alkalies should be but sufficient to neutralize the urine; for, if it be made alkaline, the phosphate formed may be deposited around the uric acid calculi.

*Liquor Potassæ* is more irritant to the stomach than Pot. bicarb.; therefore less eligible for protracted use.

121a.		121c.	
R Pot. Chloratis	3 ij.	R Pot. Chloratis	℥ij.
Acid. hydrochlor. d.	3 ss.	Tr. Ferri Chlor.	3 j.
Syr. simplicis	℥ j.	" Digitalis	3 ss.
Aq. fontanæ	℥ v.	Aq. fontanæ	℥ iij.
℥ ss—℥ j	quartis horis.	3 ij bihorio.	<i>Scarlatina.</i>
<i>Bronchitis.</i>		(4 years.)	
121b.		122a.	
R Kali chlorici	10.0	R Kali. nitr.	℥ij—3 j.
" nitrici	5.0	Tr. Aconiti	gtt. iv.
Extr. Hyoscyami	1.0	vel Tart. emetic.	gr. ij.
Syr. simplicis	30.0	Aq. Melissæ	℥ jv.
Aq. Fontis q. s.	ad 200.0	℥ ss	tertiis horis.
℥ ss bihorio	<i>Febr. Diseases.</i>	<i>Pleuritis.</i>	

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Pot. Chlor.:	gr.	5—30 = 0.32—	2.0.
" Citras:	gr.	3—30 = 0.2 —	2.0.
" Nitras:	gr.	3—20 = 0.2 —	1.3.
Sod. Boras:	gr.	2—20 = 0.13—	1.3.
" Nitras:	gr.	10—40 = 0.65—	2.6.

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*Potassii Carbonas* (Kali carbonicum) is especially useful in torpor of the liver.

*Sodii Bicarbonas* (Kali bicarbonicum) in large doses—3 j—3 iij p. diem—should not be used for more than ten consecutive days, to avoid superalkalinity of the blood. From ℥j—3 ijss, followed by Acid. tartaricum gr. xv—℥v are used as a diagnostic test in dilatation of the stomach. Borax, which is also a mild refrigerant, is chiefly used for its emmenagogue properties.

*Potassii Citras* (Kali citricum) is an excellent refrigerant, and generally given as *Potio Riveri*: Pot. bicarb. and Acidum citricum  $\hat{a}$  1.0 separately dissolved in a little water. To be mixed and taken with sugar water as an effervescing draught. (In Vomiting of Pregnancy.)

In defective Menstruation: Borax, 0.5—1.5. In Diabetes Mellitus: Sod. bicarb. 3 j per diem, to be increased to 3 iij daily for about a week in each month. In artic.

122b.	122c.
<p>℞ Kali nitrici  " bicarb. <math>\widehat{a}</math> 3 j.  Aq. Amygd. am. c. 3 ij.  Aq. fontanæ <math>\frac{3}{4}</math> vj.  <math>\frac{3}{4}</math> ss tertiis horis. <i>Bronchitis.</i></p>	<p>℞ Potass. Nitratis  Succi Glycyrrhiz. <math>\widehat{a}</math> 7.5.  Extr. Hyoscyami 1.0.  Liq. Amm. anisati 15.0.  Aq. fontanæ ad 250.0.  16 c.c. bihorio vel tertiis  horis. <i>Bronchitis.</i></p>
122c.	16 c.c.
<p>℞ Pot. Nitratis 2.5.  Sod. Nitratis 5.0.  Succi Liquiritiæ 8.0.  Aq. Fœniculi 155.0.  3 ij omni hora. 7—9 years.  (3 j bihorio 1—3 years.)  <i>Febrile Diseases.</i></p>	<p>Vel:  ℞ Kali nitrici  Kalii iodati <math>\widehat{a}</math> 3 j.  Extr. Senegæ fl. 3 ij.  Syr. tolutani <math>\frac{3}{4}</math> j.  Aq. Anisi ad <math>\frac{3}{4}</math> vj.  <math>\frac{3}{4}</math> ss ter die. <i>Emphysem.</i></p>
122d.	123a.
<p>℞ Pot. Nitratis  Aq. Laurocerasi <math>\widehat{a}</math> 7.5.  (Extr. Hyoscyami 0.4.)  Syr. Papaveris 30.0.  Aq. Fontis q. s. ad 250.0.  <math>\frac{3}{4}</math> ss omni hora vel bihorio.  <i>Gonorrhœa.</i></p>	<p>℞ Kali nitrici 3 ss.  Tr. Digitalis gtt. xx.  Aq. fontanæ <math>\frac{3}{4}</math> iij.  <math>\frac{3}{4}</math> j tertiis vel quartis horis.  <i>Abortion.</i>  <i>(If feverish and plethoric.)</i></p>

Rheumatism (acute), Sod. vel Potass. bicarb. 3 j—3 ij bihorio vel tertiis horis until urine alkaline.

*Potassii Chloras* (Kali chloricum) 6.5 as dose. See Iodine, section 1. 4 0—8.0 p. diem for adults. 2.0 p. diem: (3 years); 1.25 infants; in Stomatitis: (3 j)  $\frac{3}{4}$  iij 3 ij bis vel ter die. (8 months); in Scarlatina: 3 j to Oj of water as drink during the day. (4 years.)

*Potassii Nitras* (Kali nitricum) is a valuable refrigerant and sedative in fevers; in doses of gr. x—3 ss it is diaphoretic and diuretic. See Salicin p. 17. In doses of 10.0—20.0 it may cause death. *Sodii Nitras* (Natrium nitricum) is milder, and much used as drink, especially in Dysentery:  $\frac{3}{4}$  ss— $\frac{3}{4}$  j per diem in a mucilaginous vehicle. *Sodii Nitris* (Natrium nitrosum—No. 60c.) is seldom employed as a remedial agent.



123b.

℞ Potassii Nitratis  
Tr. Digitalis  $\widehat{a}$  3 j.  
Aq. Melissæ  $\frac{2}{3}$  jv.  
 $\frac{2}{3}$  ss tertiis horis. *Pleuritis.*  
(*if effusion.*)

123c.

℞ Pot. Nitratis 3 j.  
Tr. Digitalis 3 ij.  
Aq. fontanæ  $\frac{2}{3}$  vj.  
 $\frac{2}{3}$  ss sextis horis. *Dropsy*  
(5 years.) *from Scarlatina.*  
Vel:

℞ Pot. Nitratis  $\mathcal{D}$ j.  
Tr. Digital. 3 j.  
Spir. nitrico-æth. 3 ij.  
Syr. simplicis  $\frac{2}{3}$  j.  
Aq. fontanæ ad  $\frac{2}{3}$  viij.  
 $\frac{2}{3}$  ss bihorio vel tertiis horis.  
(4 years.)

124a.

℞ Kali nitrici 3 ss.  
Pulv. Doveri gr. xxjv.  
Divide in partes 6.  
j quartis horis until diapho-  
resis. *Ascites.*  
(12 years.) (*from cold.*)

124b.

℞ Kali nitrici  
“ sulf.  $\widehat{a}$  0.5—1.0.  
Pulvis temperans. (More  
than 3.0 are objectionable.)  
*Excitement*  
*from Fright.*

125a.

℞ Natri phosphorici 50.0.  
“ bicarbonici 5.0.  
Aquæ Fontanæ 600.0.  
During the day with Acid.  
citr. 5.0. *Rheumatism.*

Sodii Phosph.: 3 j— $\frac{2}{3}$  j = 4.0—32.0.

In acute articular Rheumatism, Pot. nitr. gr. v quartis horis; vel Sod. Nitrates 1.0—3.0 bihorio vel tert. horis. (The same dose of the latter salt in Dysentery.) In Cholera Infantum and Scrofula: Solutio Natri nitrici (10.0) 40.0 — 3 ij omni hora vel bihorio ex aqua. In febrile diseases of children, Sol. Kali nitrici (gr. x)  $\frac{2}{3}$  ij with Tinctura Aconiti gtt. j: 3 j bihorio; infants should have half this dose.

*Sodii Phosphas* (Natrium phosphoricum) is mostly used on account of its laxative property. See section vi. In Gravel: 2.0—6.0 ter die; vel Sod. phosph. ammon. gr. x ter die.

*Sodii Chloridum* (Natrium chloratum 3 j— $\frac{2}{3}$  j during intermission is said to cut sometimes the fever in Intermittens. (See page 101.)

125b.		126b.	
℞ Sodii Phosphatis	10.0.	℞ Extr. Scillæ fluidi	
Acidi benzoici	1.5.	“ Ipecac. fl. $\widehat{a}$ gtt. x.	
Aq. fontanæ	180.0.	“ Bellad. fl. gtt. j.	
In 5 doses during the day.		Aq. Laurocerasi gtt. xv.	
	<i>Gravel.</i>	Syr. Acaciæ	
126a.		Aq. Anisi $\widehat{a}$ $\bar{3}$ j.	
℞ Scillæ pulv. gr. iij.		3 ss omni hora.	<i>Cough.</i>
Opium gr. ss.		(5 weeks.)	
Cinnamomi gr. x.		127.	
Dentur tales doses 6.		℞ Extr. Toxicod. fl. 3j.	
j bis die. <i>Cardiac Dropsy.</i>		Gtt. ij ter die. <i>Neuralgia.</i>	

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Scilla:	gr.	1—3	= 0.065—0.2.
“ Extr. fl.:	gtt.	2—10	= 0.065—0.32.
“ Tr.:	gtt.	10—60	= 0.32 —2.0.
Toxicod. Extr. fl.:	gtt.	1—10	= 0.032—0.32.

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*Scilla* promotes, in small doses, secretions from the mucous membranes and the kidneys—its diuretic effect being much the most marked. In large doses it excites nausea and vomiting, accompanied sometimes by purging; and in excessive doses it acts as acro-narcotic poison—24 gr. having proved fatal. In cardiac dropsies it is generally combined with *Digitalis*; and *Calomel* is often added with a view to its action on the absorbents. It is, however, contra-indicated in cases complicated with degeneration of the kidneys or inflammation of the bladder; nor should it be used in inflammatory bronchial affections, though it is an excellent expectorant in chronic cases.

*Acetum Scillæ* = 1:10 *Acidum aceticum dilutum*.

*Syrupus Scillæ* = *Acetum* p. ij, *Sacharum* p. iij.

*Rhus toxicodendron* is sometimes used in Chronic Eczemata, Gout and Amaurosis. It is, however, little reliable, and its effects have to be closely watched.

## SECTION IV.

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### ASTRINGENTS

Suspend the ex- and secretions of the various organs, or restrain profluvia or hemorrhage, by producing contraction of the muscular fibre, or by coagulating the albumen of the blood.

ACIDUM GALLICUM: Astringent.

ACIDUM SULFURICUM DIL.: Astringent, Refrigerant, Antiphosphatic.

ACIDUM TANNICUM: Astringent.

AGARICUS: Astringent.

ALUMEN: Astringent, Antispasmodic, Antiseptic.

ARGENTUM: Astringent.

CAPSELLA BURSA PASTORIS: Astringent.

CATECHU: Astringent, Tonic.

CINNAMONUM: Astringent, Aromatic, Stimulant.

COTO: Astringent.

CREOSOT.: Astringent, Antiseptic, Antiscorbutic.

CUPRUM: Astringent, Anticonvulsive, Tonic, Emetic.

ERGOTA: Astringent, Oxytocic.

ERIGERON: Astringent, Diuretic, Tonic, Stimulant.

FERRUM: Astringent, Tonic.

HÆMAMELIS: Astringent, Sedative.

KINO: Astringent.

MACIS: Astringent, Aromatic.

PLUMBUM: Astringent, Sedative.

RATANHA: Astringent.

RHUS AROMATICA: Astringent.

TEREBINTHINA: Astringent, Expectorant, Anthelmintic.

UVA URSI: Astringent, Diuretic, Stimulant.

128a.	128c.
℞ Acidi gallici gr. v.	℞ Acidi gallici ℥j.
Opii gr. ss.	Extr. Cannab. Ind. gr. v.
Dentur tales doses 4.	F. pilulæ 5.
j tertiis vel quartis horis.	j hora somni. <i>Sweats.</i>
<i>Hæmoptysis.</i>	<i>(Colliquative.)</i>
128b.	129a.
℞ Acidi gallici gr. xv.	℞ Acidi sulf. dil. 3 ij.
Tr. Hyoscyami 3 j.	Syr. Aurant. C. 3 j.
Aquæ fontanæ 3 iij.	Aq. Fontis ad 3 viij.
3 j ter die. <i>Hæmaturia.</i>	3 j ter die. <i>Night-sweats.</i>

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Acidum gallicum:	gr.	5—20 = 0.32—1.3.
“ sulf. dil.:	gtt.	10—30 = 0.75—2.3.
“ “ arom.:	gtt.	10—30 = 0.75—2.3.
Elix. acid. Halleri:	gtt.	2—15 = 0.15—1.0.

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*Acidum gallicum* given by the stomach, is more efficacious than Tannin. Gr. jv.—vj in pill quartis vel sextis horis in Albuminuria, Diabetes, Hemorrhage from Carcinoma, etc.

*Acidum sulfuricum dilutum* is chiefly used in Typhoid, Colliquative Perspirations, Cholera and Choleric Diarrhœa; and it is the best corrective for Phosphatic Lithiasis. As astringent it is given from gtt. xx—xxx ter die ex aqua; and it should be sucked through a glass tube, to prevent injuring the teeth. (*Acidum sulfuricum aromaticum*—Tr. aromatica acida—is more agreeable to take. See sections III. and v.) In Gastritis, gtt. xv ter die ex aqua; in Purpura gtt. v—xv bihorio; and in Lead Colic it may be given as lemonade—3 j in sugar water Oj during the day.

*Acidum sulfuricum aromaticum*: Alcohol 3 xjv.

adde gradatim Acidi sulfurici 3 ij.

Post refrigerationem adde Tr. Zingiberis 3 j;

Ol. Menth. p. gtt. j; Alcohol. q. s. ut f. 3 ijss.

*Elix. acidum Halleri*—Acid. sulfur. pars j;

(Mixt. sulf. acida.) Alcohol, partes iij.

129b.	131.
<p>℞ Acidi sulf. diluti          Extr. Ergotæ fl. <math>\hat{a}</math> 3 ij.          Aq. fontanæ ad <math>\bar{z}</math> viij.  <math>\bar{z}</math> j ter die. <i>Metrorrhagia</i>.</p>	<p>℞ Agaricin gr. j.          Extr. Hyoscyami          Rd. Althææ <math>\hat{a}</math> gr. iij.          F. pilulæ 6. Consperguntur          Pulvere Cinnamomi          j vel ij hora somni.  <i>Night-sweats.</i>  <i>Phthisis.</i></p>
129c.	132a.
<p>℞ Acid. sulf. dil. 3 ij.          Tr. Cinnamomi <math>\bar{z}</math> j.          Syr. Aurant. C. <math>\bar{z}</math> ij.          3 j ter die. <i>Chlorosis</i>.</p>	<p>℞ Aluminis 3 jss.          Aquæ Fontis <math>\bar{z}</math> v.          Syr. simplicis <math>\bar{z}</math> j.  <math>\bar{z}</math> ss bis die. <i>Menorrhagia</i>.</p>
130a.	132b.
<p>℞ Acidi tannici          " benzoici <math>\hat{a}</math> <math>\bar{\text{D}}</math>j.          Sacchari albi 3 j.          F. pulveres No. 20.          j bihorio. <i>Pertussis</i>.          (3 years.)</p>	<p>℞ Aluminis 3 ss.          Aq. Melissæ          Syr. simplicis <math>\hat{a}</math> <math>\bar{z}</math> ij.          3 j tertiis vel quartis horis.          (3 years.) <i>Pertussis</i>.</p>
130b.	132c.
<p>℞ Acidi tannici gr. vj.          Extr. Bellad. fl. gtt. jv.          " Conii fl. gtt. xvj.          Syr. Flor. Aurant. <math>\bar{z}</math> ij.          Aq. fontanæ <math>\bar{z}</math> vj.          3 ij bihorio vel tertiis horis.          (3 years.) <i>Pertussis</i>.</p>	<p>℞ Aluminis 0.4.          Opii 0.03.          Dentur tales doses 5.          j bis vel ter die. <i>Diarrhœa</i>.</p>

Acid. tannic.: gr. 2—10 = 0.13 —0.65.

Agaricin: gr. 1-12— $\frac{1}{2}$  = 0.005—0.032.

Alumen: gr. 8—30 = 0.5 —2.0.

*Tannin.* It is believed that, owing to its coagulating influence on albumen, it is not absorbed in the stomach, and cannot produce constitutional effects, until converted into gallic acid—hence, given by the stomach this is preferable;—but the gallic acid is probably again changed in the blood into Tannin by combining with Glucose. In Nightsweats, Tannin gr. ss—ij hora somni; in atonic Menorrhagia gr. ij tertiis horis in pill.

132d.	134b.
<p>℞ Aluminis 3 j— 3 ij.  Tr. Opii gtt. xl.  Syr. simplicis 3 ij.  Aquæ Fontis 3 vj.  3 j tertiiis horis. <i>Lead Colic.</i></p>	<p>℞ Tr. Caps. Bursæ Past.  Syr. simplicis 3 j.  Extr. Uvæ Ursi fl.  ‘ Scutell. fl. 3 ss.  3 ss ter die ante cibum.  <i>Same.</i></p>
133.	135a.
<p>℞ Argenti nitrici gr. ss.  Aq. Cinnamomi 3 ij.  Syr. Flor. Aurantii 3 j.  3 j quartis horis. <i>Diarrhœa.</i>  <i>(non-inflammatory.)</i>  (3 years.)</p>	<p>℞ Catechu 40.0.  Cort. Cinchonæ 20.0.  Pulv. aromatici 10.0.  3 j ter die. <i>Pulvis</i>  <i>Ebriosorum.</i></p>
134a.	135b.
<p>℞ Tr. Caps. B. Past. 3 ss.  Elix. simplicis 3 jss.  3 j ter die. <i>Enuresis</i>  <i>nocturna.</i></p>	<p>℞ Catechu gr. xv.  Pulv. Cretæ comp. cum  F. pulvis Opio ʒj.  After each stool. <i>Diarrhœa.</i></p>

Argenti Nitras: gr.  $\frac{1}{4}$ — 1 = 0.015—0.065.

Catechu: gr. 10—30 = 0.65 —2.0.

*Alumen* is a powerful astringent; in large quantities the astringent may be followed by vomiting and purging; even inflammation will set in. To prevent nausea it may be combined with aromatics; but it is perhaps most palatable in the form of whey, prepared by boiling 3 ij with milk Oj and straining. (Dose 3 ij.) In Gastralgia: Alum. gr. x ter die in caps. amylac. (*Astringents*, mineral and vegetable, when used to check morbid discharges from the bowels, are better combined with Opium, as they do not restrain the peristaltic movements of the intestines without the latter.)

*Capsella Bursa Pastoris* is a very popular remedy in some parts of Germany for diarrhœa and almost all forms of hemorrhages. About 25.0 of the fresh, or 10.0 of the dried herb to one pint of water as tea, which is to be taken in 3 doses at intervals of two or three hours.

<p>135c.  R̄ Tinct. Catechu 3j.  " Ratanhæ 3jss.  " Opii gtt. xv.  Mixt. Cret. comp. 3jss.  After each stool. <i>Dysentery</i>.</p>	<p>138a.  R̄ Creosoti gtt. vj.  Saponis med. ʒj.  F. pilulæ 6.  j after each vomiting.  Vel:</p>
<p>135d.  R̄ Tr. Catechu  " Ratanh. a gtt. x—ʒj.  Mixt. Cretæ comp. 3ij.  3j bis vel ter die.  <i>Diarrhœa Ablactator</i>.</p>	<p>R̄ Creosoti gtt. vj.  Acid. acetici dil. 3j.  Aq. fontanæ 3vj.  3j bihorio vel tertiis horis.  138b.  R̄ Creosoti gtt. x.  Acaciæ 3ij.  Aquæ Fontis 3jv.  3j sextis horis. <i>Dysentery</i>.</p>
<p>136.  R̄ Tr. Cinnamomi  Elix. simplicis a 3j.  Tr. arom. acidæ 3j.  3j ter die. <i>Palpitation</i>.</p>	<p>138c.  R̄ Creosoti 5.0.  Alcoholis 20.0.  Glycerini 225.0.  4 c. c. ter vel quater die.  <i>Tuberculosis</i>.</p>
<p>137.  R̄ Cotoinæ 0.05—0.08.  vel Paracotoin. 0.15—0.25.  Alcoholis dil. 10.0.  Glycerini 30.0.  Aq. destillatæ 120.0.  3ss omni hora vel bihorio.  <i>Diarrhœa</i>. (1 year.)</p>	<p>138d.  R̄ Creosoti gtt. j.  Syrupi Acaciæ 3j.  3j bihorio. <i>Vomiting</i>.</p>
<p>Catechu Tr.: gtt. 20—3j = 1.0 —4.0.  Cinnamom.: gr. 10—20 = 0.65 —1.3.  " Tr. gtt. 20—3j = 1.0 —4.0.  Cotoina: gr. 1—3 = 0.065—0.2.  Creosot: gtt. 1—3 = 0.065—0.2.</p>	

*Cinnamomum* is more of an aromatic stimulant than astringent, and chiefly used for its flavor.

*Creosot* is an efficient remedy in Gastric Irritation and Hæmatemesis. In chronic Bronchitis, *Creosot*. 0.1—0.4 per diem in Malaga or Ol. Jecoris is excellent; but it has to be used for a long time.



Vel:		Vel:	
R̄ Aq. Creosoti ʒ ij.		R̄ Secalis cornuti	
Ætheris gtt. x.		Elæosacch. Chamomili.	
Syr. simplicis ʒ j.		Boracis	ā 0.5.
3 ij ter die.	<i>Cholera</i>	<i>Pulvis obstetricus.</i>	
(3 years.)	<i>Infantum.</i>	140b.	
139.		R̄ Extr. Ergotæ	1.0.
R̄ Cupri sulf. gr. v—x.		Tannini	2.0.
Opii gr. x.		Aq. fontanæ	225.0.
F. pilulæ 10.		ʒ ss omni hora.	<i>Hæmaturia.</i>
j ter die.	<i>Dysentery.</i>	Vel:	
140a.		R̄ Extr. Ergotæ fl.	3 ij.
R̄ Ergotæ pulveratæ		“ Digitalis fl.	
Cinnamomi	ā 0.5.	“ Ipecac. fl.	ā 3 j.
Dentur tales doses 5.		3 ss—3 j pro dosi.	
j every 10–15 min. ex aqua.		<i>Hæmoptysis.</i>	

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Cupri Sulphas:	gr.	$\frac{1}{4}$ —10	= 0.015—0.65.
Ergot. Extr. fl.:	gtt.	10—3 j	= 0.32 — 4.0.
“ Tr.		3 j—3 iij	= 4.0 — 12.0.
Ergotina:	gr.	3—10	= 0.2 — 0.65.

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*Cuprum* (pp. 77 & 100) is occasionally of great benefit in some of the most obstinate forms of diarrhœa, and it is said to be a sure tænicide. See section VIII.

*Ergot* (*Secale cornutum*) is used in all kinds of hemorrhages; in Dysmenorrhœa, and to expel hydatids or polypi from the uterus; it is also valuable in Paralysis of the bladder. Being a most reliable oxytoxic its chief use is in midwifery, especially after delivery, to prevent flooding, etc. If taken too much it produces *Ergotism*, which assumes two forms, one attended with convulsions, the other with dry gangrene on the limbs.

In Diabetes Insipidus: Extr. fl. 3 j ter die; in Pulmonary Hemorrhage, 3 j—3 ij omni hora vel media hora si opus est; in hemorrhage from Subinvolution, Hyperplasia, Soft Engorgement, with profuse menstruation, Polypi, etc., Tr. 3 j ex aqua bis vel ter die.

141.	143b.
℞ Extr. Erigerontis fl. 3 ij. Elix. simplicis ad ̄ 5 ij. 3 j ter die. <i>Incontinence of Urine.</i>	℞ Tr. Ferri chlorati 3 j. Aq. Cinnamomi ̄ 5 vj. 3 j ter die. <i>Hæmoptysis.</i>
142.	143c.
℞ Tr. Ferr. acet. æth. 25.0. “ Cinchonæ 50.0. Acidi citrici 3.0. Glycerinæ 22.0. Gtt. xxx—lx ter die ex vino. <i>Scorbut.</i>	℞ Tr. Ferri Chloridi 3 j. Ferri Sulphatis gr. x. Aq. Fontis ̄ 5 j. Followed by Pot. Carb. ʒj, dissolved in water. <i>Cyan Poisoning.</i>
143a.	144.
℞ Tr. Ferri chlor. 3 iij. Spir. nitrico-æth. 3 vj. Tr. Cantharidum 3 ss. Aq. fontanæ ad ̄ 5 viij. P. sexta bis die. <i>Gleet.</i> <i>Spermatorrhœa.</i>	℞ Liq. Ferri Nitrat. 3 j. vel “ “ Subsulphatis ʒij—ʒjv. Syrupi simplicis ̄ 5 j. Aq. destillatæ ̄ 5 v. 3 ss ter die. <i>Diarrhœa.</i> <i>(with Anæmia.)</i>
Erigeron Extr. fl.:	3 ss—3 j = 2.0 —4.0.
Ferrum acet. Tr.	gtt. 20—3 j = 0.7 —4.0.
“ chlor. Liq.:	gtt. 2—10 = 0.13 —0.65.
“ “ Tr.:	gtt. 10—60 = 0.35 —2.0.
“ nitr. Liq.:	gtt. 2—12 = 0.13 —0.8.
“ subsulf. Liq.:	gtt. 1—8 = 0.065—0.5.

*Erigeron Canadense* is mostly used in nephritic diseases, Gravel and Hemorrhages. *Oleum Erigerontis*, gtt. 5—20 bihorio in Metrorrhagia.

*Ferrum*—Though the preparations of iron are more or less astringent, they are chiefly used as tonics. See section v. As astringent, *Tr. Ferri Chloridi* (Tr. Ferri chlorati)—Liq. Ferri Chlor. partes 35 et Alcohol. partes 65—is generally preferred, which has moreover some specific action on the urino-genital apparatus. Liq. Ferri nitr. may be replaced by Liq. Ferri chlor. (pond. spec. 1.48) et Aq. p. 2. *Liq. Ferri subsulf.* (Monsel's Solution): Gtt. 1—3 ex aqua in Hæmatemesis.

145.

℞ Tr. Kino 3 ss— 3 j.  
 Mixt. Cret. comp.  $\frac{3}{4}$  ij.  
 3 j tertiis horis. *Diarrhœa*  
*Ablactatorum.*

146.

℞ Olei Macidis 2.0.  
 Spiritus ætherei 25.0.  
 Gtt. xij bihorio. *Colic.*  
*(hepatic.)*

147.

℞ Plumbi Acetatis gr. j.  
 Opii gr.  $\frac{1}{4}$ .  
 Dentur tales doses 6.  
 j ter die. *Dysentery.*  
 Vel:  
 ℞ Plumbi acetici gr. ij—ijj.  
 Opii gr. ss.  
*Placenta Prævia.*

148.

℞ Extr. Ratanhæ 5.0.  
 Aq. Cinnamomi 150.0.  
 Mixt. sulf. acid. 1.5.  
 Syr. Aurant. C. 25.0.  
 16 c.c. omni hora vel bihorio.  
*Metrorrhagia.*

Vel:

℞ Extr. Ratanhæ  
 Glycerini  $\hat{a}$  10.0.  
 Glycerolati simpl. 80.0.  
 3 j omni hora vel bihorio.

149.

℞ Extr. Rhud. arom. fl.  $\frac{3}{4}$  ss.  
 Tr. Strychni gtt. x.  
 “ Ferri chlorati 3 j.  
 Elix. simplicis 3 iij.  
 Gtt. xx ter die post cibum.  
*Incontinence of Urine.*

150a.

℞ Ol. Terebinthinæ 5.0.  
 Ætheris 20.0.  
 Gtt. xv—xxx ex aqua sacch.  
 mane nocteque.  
*Hepatic Colic.*

150b.

℞ Ol. Terebinthinæ  
 Sodii Bicarbonat.  $\hat{a}$  3 j.  
 Mucil. Acaciæ  $\frac{3}{4}$  j.  
 Mixt. Amygdalar.  $\frac{3}{4}$  vij.  
 Pars sexta quartis horis.  
*Hæmaturia.*

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Kino Tr.:	3 ss— 3 j =	2.0 — 8.0.
Plumbi Acetas. gr.	1—3 =	0.065— 0.2.
Ratanh. Tr.:	3 j— 3 ij =	4.0 — 8.0.
Terebinth. Ol. gtt.	10— $\frac{3}{4}$ ss =	0.65 —16.0.

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*Kino* and *Ratanha* (*Krameria*) are similar to *Catechu* (p. 63,) and much used in Pediatrics.

*Plumbum*: A prolonged use of the preparations of lead in chronic diseases is more or less dangerous, from their liability of poisoning the system, known generally by

150c.		151b.	
℞ Ol. Terebinth.	30.0.	℞ Dec. Uvæ Ursi	200.0.
Vitell. Ovorum	No. 2.	Tr. Catechu	
Aq. Menth. pip.	250.0.	Syr. Zingiberis	â 15.0.
Syr. simplicis	50.0.	32 c. c. bihorio.	
16 c. c. every $\frac{1}{2}$ hour; after-		<i>Gonorrhœa secundaria.</i>	
wards every hour.		Vel:	
<i>Phosphor Poisoning.</i>		℞ Extr. Uvæ Ursi fl.	3 ij.
151a.		Tr. Kino	
℞ Extr. Uvæ Ursi	10.0.	Syr. Zingiberis	â 3 ss.
Sacchari albi	50.0.	Aq. fontanæ	3 iij.
Divide in 30 partes æquales		3 j quartis horis.	
Pulv. $\frac{1}{2}$ quater die.	<i>Gravel.</i>	<i>Incontinence of Urine.</i>	

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Uva Ursi, Extr. fl.: 3 ss—3 j = 2.0—4.0.

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the characteristic discoloration of the gums, etc. The most common form of lead poisoning is that known as painter's colic. Some forms are characterized by paralysis or painful cramps.

*Oleum Terebinthinæ* is best given with some mucilage. Pulvis Saponis makes a good emulsion with it in the proportion of 0.66: 30.0, or 1:50. Hyposulfite of Soda deodorizes it. See Sulfites, section 1.

In Typhoid, where the abdomen is tympanitic, the tongue dry and the bowels ulcerated, gtt. 5—20 of the oil on sugar every hour or two; 3 j tertiis horis in Hæmaturia; the same dose every other day in Neuralgia.

*Uva Ursi* (*Arctostaphylum*) has a particular control over discharges from mucous surfaces; hence its use in Catarrh of the Bladder, chronic Bronchitis with profuse discharge, etc., etc.

## SECTION V.

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### RESTORATIVES.

They ultimately restore general health, by either gradually, but permanently, invigorating nerve-force: *Tonics*; or by rapidly, though but temporarily, rousing the vital functions of the organism: *Stimulants*.

ACIDA MINERAL: Tonic, Astringent.

ALBUMEN: Nutrient.

ALCOHOL: Stimulant.

AMMONIUM: Stimulant, Antacid.

ARGENTUM: Tonic.

ARNICA: Stimulant.

BEBEERIA: Tonic, Antiperiodic.

BERBERIS: Tonic, Antiperiodic, Cathartic.

CAFFEIN: Stimulant, Antiseptic.

CANTHARIS: Stimulant, Tonic, Diuretic.

CAPSICUM: Stimulant.

CHININUM: Tonic, Stimulant, Antiperiodic.

COCA: Tonic, Stimulant.

CUPRUM: Tonic, Astringent.

DIGITALIS: Tonic, Diuretic.

ERGOTA: Stimulant, Astringent.

FERRUM: Tonic, Astringent.

GENTIANA: Tonic.

GLYCERINA: Tonic, Nutritive, Laxative.

GUARANA: Tonic, Astringent.

HELONIAS: Stimulant.

HYDRASTIS: Tonic, Alterative, Antiperiodic, Cholagogue, Deobstruant.

IPECACUANHA: Tonic, Emetic.

MANGANUM: Stimulant, Antiseptic.

NUX VOMICA: Stimulant, Tonic.

PANCREATINUM: Digestive.

PARAGUAYENSIS, ILEX: Tonic.

PEPSINA: Digestive.

PEPTON: Digestive.

PHOSPHORUS: Stimulant, Tonic.

RHEUM: Tonic, Astringent, Cholagogue.

SABINA: Uterine Stimulant.

ZINCUM: Tonic, Stimulant.

## 152a.

℞ Acid. hydrochlor. d.  
 Tr. Zingiberis  $\hat{a}$  3 ij.  
 “ Nuc. Vomica. 3 j.  
 Syr. C. Aurantior.  $\bar{z}$  j.  
 Aq. destillatæ ad  $\bar{z}$  viij.  
 $\bar{z}$  j ter die post cibum.

*Dilatation  
 of Stomach.*

## 152b.

℞ Acid. hydrochlor. dil.  
 gtt. xl.  
 Tr. Nuc. Vom. gtt. xx.  
 Aq. Cinnamomi  $\bar{z}$  j.  
 3 j ter die. (4 years.)

## 153.

℞ Acid. nitro-mur. dil.  
 Tr. Zingiberis  $\hat{a}$  3 ij.  
 Tr. Nuc. Vomicæ 3 j.  
 Aq. fontanæ ad  $\bar{z}$  viij.  
 $\bar{z}$  j ter die post cibum.

*Dyspepsia.*

## 154a.

℞ Acid. phosph. d. 3 iij.  
 Tr. Ferri chlor. 3 jss.  
 Syr. simplicis  $\bar{z}$  j.  
 Aq. Menthæ ad  $\bar{z}$  viij.  
 $\bar{z}$  ss ter die post cibum.

*Same, if Anæmia.*

## 154b.

℞ Acid. phosph. dil.  $\bar{z}$  ss.  
 Tr. Nucum Vomic. 3 ij.  
 Syr. simplicis  $\bar{z}$  j.  
 Aq. fontanæ ad  $\bar{z}$  viij.  
 $\bar{z}$  ss ter die. *Hætic.*

## 155a.

℞ Acid. sulfurici diluti  
 Tr. Card. comp.  $\hat{a}$  3 ij.  
 “ Nucis Vomicæ 3 j.  
 (Tr. Cinchon. co.)  $\bar{z}$  ss.  
 Syr. simplicis  $\bar{z}$  j.  
 Aq. destillatæ ad  $\bar{z}$  viij.  
 $\bar{z}$  j ter die post cibum.

*Dyspepsia.*

Acid. hydrochlor. d.: gtt. 5—30 = 0.35—2.15.

“ nitro-mur. d.: gtt. 2—20 = 0.15—1.5.

“ phosphor. d.: gtt. 10—60 = 0.65—4.0.

“ sulfuricum d.: gtt. 10—30 = 0.65—2.3.

*Mineral Acids* are usually classed with tonics, and though they exert a considerable corroborant influence on the system, their action is in many respects peculiar. See sections III. and IV. *Acidum nitro-muriaticum* should not be given with mercurials.

*Acidum phosphoricum* is very valuable in Softening of the Brain. In Hysteria, Defective Menstruation and Spermatorrhœa, 5.0—15.0 per diem.

*Acidum hydrochloratum dilutum*, 1:3 Aqua;

*Acidum nitricum dilutum*, 1:4½.

155b.

℞ Acid. sulfurici d. 3 j.  
 Tr. Cardam. comp.  
 “ Gent. comp.  $\hat{a}$  3 j.  
 Infusi Colombo 3 jv.  
 3 ss ter die. *Chlorosis.*  
*Induration of Cervix.*

155c.

℞ Acid. sulf. dil. 3 jss.  
 Spir. ætherei 3 ss.  
 Glycerinæ 3 j.  
 Aq. fontanæ ad 3 viij.  
 3 j quater die. *Restorative.*  
*(after illness.)*

*Acid. nitrohydrochlor. dilutum*, 3 et 4:25. The mixed acids are left in a bottle for 24 hours, sometimes shaken, and then the 25 parts of water added.

*Acidum sulfuricum dilutum*, 1:5 Aqua. (p. 61.)

*Alcohol* is the best stimulant to rouse and support the system in asthenic diseases, exhausting hemorrhages and suppuration; and after the use of the wet sheet, etc., if there be a sensation of chilliness. In Typhoid, etc., it probably acts as a physiological antidote to the blood poison, and should be given in the very first stages of the fever. Brandy, 3 ss—3 j hourly (Vinum, 3 j every 6—8 hours) if much prostration, pulse being above 120; or if the systole becomes less intense and resembles more the second sound, as it will produce more force and less frequency of the pulse, even reduce temperature and diminish delirium. (If excitement is produced, it is not indicated, or the doses are too large.) In Diphtheria, with or without Quinine, as much as can be borne without producing Alcoholism, is said to be curative. In Dysentery, if great prostration (40 oz. in 24 hours have produced no excitement.) In functional disorders of the stomach it is generally beneficial; but in Gastritis, brandy frequently produces distress. In Diarrhœa, if much prostration, to child of 5—8 months gtt. v in 3 j of milk every 2 hours; the same in collapse of Cholera Infantum. In Sporadic Cholera,  $\frac{1}{2}$  oz. with water at short intervals, if much prostration and it be borne; in Asiatic, with water for thirst, and  $\frac{1}{2}$  oz. with 2 oz. of tea as enema every half hour or hour during collapse; in Pneumonia, if pulse frequent, thrilling, but



156.

℞ Album. Ovorum No. 4.  
 Aq. fontanæ 1000.0.  
 Cyathus vinosus every 5—  
 10 minutes.

*Sublimate Poisoning.*

157a.

℞ Spir. Ammon. arom.  
 “ ætherei  $\widehat{a}$  3j.  
 “ Vini Gallici 3ij.  
 3 ss— 3j prodosi. *Syncope.*

157b.

℞ Spir. Ammon. arom. 3j.  
 Tr. Card. comp.  $\frac{3}{4}$  ij.  
 Syr. Zingiberis  $\frac{3}{4}$  j.  
 3 ij semis horis ex aqua.

*Cholera.*

158a.

℞ Ammon. Carb.  $\mathfrak{D}$ j.  
 Spir. ætherei 3j.  
 Aq. Menth. pip.  $\frac{3}{4}$  vj.  
 P. quartasubinde. *Syncope.*

158b.

℞ Ammon. carb. gr. xxv.  
 Tr. Card. comp. 3 ij.  
 Aq. Fontis  $\frac{3}{4}$  ij.  
 Pars semis cum Acid. citr.  
 gr. xv. *Insolation.*

158c.

℞ Ammon. carbon. 3j.  
 Tr. Cardam. comp.  
 “ Cinchon.  $\widehat{a}$  3ij.  
 Aq. fontanæ ad  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  ss ter die. *Embolism.*

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Ammon. arom. Sp. gtt.: 20— 3j = 1.0—4.0.

Ammon. Carbon.: gr. 3—10 = 0.2—0.65.

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compressible. (To child of 14 months 1 oz. was given hourly, besides Ammon. carb. and Morph. and the pulse fell from 200 to 120, and respiration from 120 to 50 per minute.) In Yellow Fever, *per os et per anum*, to sustain the strength; in Cerebro-spinal Meningitis; in Angina Pectoris; in Insolation or Passive Hyperæmia or Embolic Apoplexy, etc. In Tetanus it may be given until intoxication.

*Ammonii Carbonas* (p. 43) is especially valuable in Pneumonia; but it is also employed in expediting the eruption of exanthematous fevers, either as Carbonate pure in powder or watery solution; or converted into the Acetate. With Camphora (No. 55) it is sometimes of especial value in Cholera; and combined with Acidum salicylicum, both its internal and external use has been recommended to counteract the effects of snake poison.

158d.		160a.	
R Ammon. Carb. 3 j.		R Argenti nitrici cryst.	
Extr. Chelidonii fl.			gr. ij—jv.
vel " Stilling. fl. 3 iij.		Micæ Panis	
Aq. Menthæ ad 3 vj.		Acaciæ $\hat{a}$ gr. x.	
3 ss ter die.	<i>Icterus.</i>	F. pilulæ 12.	<i>Paralysis.</i>
		j ter die.	( <i>bulbar.</i> )
		(for several weeks.)	
159a.		160b.	
R Ammon. Carbon. 3jv.		R Argent. oxydat. gr. vj.	
Ferri Tartratis 3 ss.		Extr. Hyosc. gr. xxjv.	
Syr. Zingiberis 3 j.		F. pilulæ 12.	
Inf. Colombo 3 vj.		j bis vel ter die.	<i>Epilepsy.</i>
3 ss ter die.	<i>Hysteria.</i>		
159b.		161.	
R Ammon. carbonici		R Bebeeræ sulfuric. 2.0.	
Ferri ammoniati $\hat{a}$ 3j.		Acid. sulf. dil. gtt. xxv.	
Syr. Zingiberis 3 j.		Syr. C. Aurantior. 30.0.	
Inf. Colombo 3 v.		Aq. destillatæ 160.0.	
3 j ter die.	<i>Alcoholism.</i>	16 c. c. ter die.	<i>Tonic.</i>

Argent. Nitras: gr.  $\frac{1}{4}$ —1 = 0.015—0.065.

Argent. Oxid.: gr.  $\frac{1}{4}$ —2 = 0.015—0.13.

Arnica Tr.: gtt. 15—3 j = 0.5 —4.0.

Bebeer. Sulfas.: gr. 5—3 j = 0.32 —4.0.

*Argenti Nitras* (Argentum nitricum) is one of the most valuable remedies in Epilepsy. It is also used in Locomotor Ataxia and Chorea. If used for some time it has the effect of discoloring the skin, which is not the case with the oxide. In Chorea and Neuralgia: Arg. iodatum 0.004—0.01 ter die, vel Arg. cyanatum 0.002—0.006 ter die.

*Argent. iod.* 0.1 = Arg. nitr. et Kal. iodatum  $\hat{a}$  0.07.

*Arnica* is occasionally of value in Amaurosis, Paralysis and other nervous affections. Tr. gtt. xx—xxx in nervous headache with Tinnitus aurium.

*Bebeerinum* (from *Nectandra Rodiæi*) and *Berberina* (from *Berberis vulgaris* and *Hydrastis Canadensis*) are said to be tonics of first order (page 24.)

162.

℞ Extr. Berberis fl.  $\frac{3}{4}$  j.  
 Extr. Cocæ fl.  $\frac{3}{4}$  ss.  
 “ Cypripedii fl.  
 “ Valerianæ fl.  $\widehat{a}$  3 ij.  
 Elix. simplicis  $\frac{3}{4}$  ij.  
 3 j ter die ante cibum.

*Uterine Tonic.*

163.

℞ Coffeini citrici 1.0.  
 Alcoholis diluti 16.0.  
 Chloroformii 12.5.  
 Gtt. xv—xx semis horis.

*Migraine.*

164a.

℞ Tr. Cantharidum  
 “ Capsici  
 “ Colombo  $\widehat{a}$  3 j.  
 Mucilag. Acaciæ ad  $\frac{3}{4}$  ij.  
 3 j ter die. *Menorrhagia.*

164b.

℞ Tr. Cantharidum  
 “ Cinchon. comp.  
 “ Ferri chlorati  
 “ Myrrhæ  $\widehat{a}$  3 ij.  
 Gtt. xx ter die.  
*Spermatorrhœa.*  
 165.

℞ Capsici pulv. 3 ij.  
 Sacchari albi 3 j.  
 Divide in p. 4. *Delirium*  
 j omni hora. *tremens.*  
 166a.

℞ Chinin. sulfur. gr. xv.  
 Acid. sulf. diluti  $\mathfrak{D}$  j.  
 Tr. Cardam. comp.  
 “ Humuli  $\widehat{a}$  3 iij.  
 Inf. Rosarum ad  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  ss bis vel ter die.  
*Chlorosis.*

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Berber. aquif. Extr. fl.:	gtt. 20—3 j	= 1.0 —4.0.
Caffeina:	gr. 1—2	= 0.065—0.13.
Cantharis Tr.:	gtt. 4—15	= 0.13 —0.5.
Capsicum:	gr. 2—10	= 0.13 —0.65.
“ Tr.:	gtt. 10—3 j	= 0.32 —4.0.

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*Caffeina* (Coffeinum) in headache may be given 0.03—0.05 every half hour or hour; 0.05—0.2. every 2—4 hours.

*Cantharis* (Cantharides) must be used with caution. See page 47.

*Capsicum* is often used as an adjunct, to rouse the susceptibility of the stomach, chiefly in the Dyspepsia of drunkards: Tr. 3 j—3 ij.

*Quininæ Sulphas* (Chininum sulfuricum) is very much used as stomachic or general tonic; only where gastric susceptibility exists, as in convalescence from acute diseases, some of the simple bitters are preferable.

166b.

℞ Quininæ Sulphatis  
 Acid. sulf. dil.  $\hat{a}$  ʒj.  
 Syr. Zingiberis  $\frac{3}{4}$  jv.  
 3 j ter die. *Anæmia.*

166c.

℞ Chinini sulfurici 3 ss.  
 Pulveris Rhei 3 j.  
 Divide in partes 30. *Same.*  
 j ter die. (*with Anasarca.*)  
 Vel:

℞ Chinini sulfurici 3 ss.  
 Extr. Gentianæ ʒij.  
 Pilul. Rhei comp. ʒjv.

F. pilulæ 30. j ter die.

Vel:

℞ Chinini sulfurici ʒij.  
 Rad. Zingiberis ʒj.  
 F. pilulæ 20. *Menorrhagia.*  
 j ter die. *Mania.*

167a.

℞ Chinin. sulf. ʒij.  
 Ferri sulfurici ʒj.  
 Acid. sulf. arom. gtt. x.  
 Divide in 20 partes æquales  
 in capsul. gelatinos.  
 j ter die ante cibum.

*Pelvic Abscess.*

167b.

℞ Quininæ Sulphatis ʒj.  
 Tr. Ferri Chloridi 3 ss.  
 Syr. C. Aurant.  $\frac{3}{4}$  j.  
 Aq. destillatæ  $\frac{3}{4}$  vij  
 $\frac{3}{4}$  j bis vel ter die.

*Pulmon. Gangrene.*

Vel:

℞ Tr. Cinchonæ  
 “ Gentianæ  $\hat{a}$   $\frac{3}{4}$  j  
 Liq. Potassæ 3 ij.  
 Aq. Menthæ  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  j bis vel ter die. *Same.*

167c.

℞ Tr. Cinchon. comp.

“ Colombo

“ Gentianæ

“ Quassia  $\hat{a}$   $\frac{3}{4}$  j.

Morph. sulf. gr. j—ij.  
 3 j ter vel quater die.

*Delirium tremens.*

168a.

℞ Cocain. hydrochl. gr. j.  
 Alcoholis q. s.  
 Aq. destillatæ  $\frac{3}{4}$  ss.  
 3 j every  $\frac{1}{2}$  hour if neces-  
 sary. *Vomiting*  
*of Pregnancy.*

Cinchon. Tr.: 3 j—3 iij = 4.0—12.0.

In Anasarca, etc., it is supposed to restore the lost albumen to the blood. See page 11. As tonic to child of 4 years may be given gr.  $\frac{1}{8}$  bis die; in Dropsy from Dysentery, gr.  $\frac{1}{2}$  ter die. (3 years.)

*Cocaine.* Aside from being a most valuable local anæsthetic, it is one of the best remedies in affections of a nervous nature, General Debility, Hysteria, Spinal Irritation; it is also used in Anæmia and Consumption.

168b.

170.

℞ Cocaini hydrochlor.  
gr. iij.  
Alcoholis diluti  
Glycerinæ  
Aq. destillatæ ʒ 3 ij.  
3 ss— 3 j ter vel quater die.  
*Angina Pectoris.*

169.

℞ Tr. Cupri acet. R. 3 j.  
Aq. destillatæ ʒ jv.  
3 j ter die post cibum.  
*Albuminuria.*

℞ Cupri ammoniati 1.5.  
Aq. destillatæ 25.0.  
Gtt. v bis die. *Chorea.*  
Vel:  
℞ Cupri ammoniati ʒj.  
Micæ Panis q. s.  
F. pilulæ 49.  
j hora somni. *Epilepsy.*

171a.

℞ Inf. Digital. (3 j) ʒ vij.  
Syr. Cinnamomi ʒ j.  
ʒ j hora somni. *Epilepsy.*

Cupr. ammoniat.: gr.  $\frac{1}{4}$ — 1 = 0.015—0.065.

Digital. Extr. fl.: gtt. 5—40 = 0.18 —1.3.

In *Angina Pectoris* it does not shorten the paroxysms, but it relieves them, and after a few days use they disappear altogether. It is also a reliable aphrodisiac, and in *Alcoholism* it is said to be the remedy *par excellence*, as it will even produce disgust of the drinking habit. Unfortunately, if not given with care, it may produce *Cocainism*, which is to *Morphinism* what a full grown oak is to a sapling. See pp. 109, 112 and 115. As cardiac stimulant it is usually given in doses of grain  $\frac{1}{4}$ —1 bis vel ter die. In *Seasickness*, Cocaine 1 per cent. solution gtt. v ter die on a piece of ice. *Extractum Cocæ fl.* 3 ij— ʒ ss in timidity (for public speakers.)

*Extractum Cocæ fluidum* 3 j = gr.  $1\frac{1}{4}$  of Cocaine (?).

*Cupri Sulphas* (*Cuprum sulfuricum*) is mostly used as astringent; as tonic, in doses of gr.  $\frac{1}{4}$ —1 in pill, repeated, so as not to occasion vomiting, it is a good remedy in obstinate *Intermittens*, *Neuralgia* and essential nervous diseases. (p. 65.) *Tr. Cupri acetici Rade-macheri* is very efficacious in *Bright's Disease*. (After 3 weeks use the albumen in the urine is usually much diminished, and scarcely any blood left.) *Cuprum*

171b.	172a.
R̄ Tr. Digitalis	R̄ Ergotinæ
Spir. ætherei $\hat{a}$ 5.0.	Ferri sulfurici
Tr. Colombo 10.0.	Aloes $\hat{a}$ gr. x.
4 c. c. bis die. <i>Palpitation.</i>	F. pilulæ 10.
171c.	j mane nocteque.
R̄ Tr. Digitalis 3 j.	Vel:
Spir. nitrico æth. $\tilde{z}$ ss.	R̄ Tr. Ergotæ 3 ij.
Tr. Cardam. comp. $\tilde{z}$ j.	Syr. Croci $\tilde{z}$ ij.
Aq. fontanæ ad $\tilde{z}$ vj.	Dec. Aloes comp. $\tilde{z}$ vj.
$\tilde{z}$ j bis die. <i>Valv. Lesions.</i>	$\tilde{z}$ ss ter die. <i>Amenorrhœa.</i>

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Digitalis Tr.: gtt. 10—80 = 0.32—2.6.

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ammoniatum 0.1—0.15 per diem in Neuralgia Nervi Quinti is said to be almost specific.

*Digitalis* is very useful in most heart diseases—Dilatation, fatty degeneration, failure or irritability of heart's action, and valvular lesions, etc., provided the action be feeble, as it increases the force of the cardiac contraction and diminishes the irregular movement—in uncomplicated Hypertrophy it is, of course, objectionable. On account of its diuretic property it is frequently employed in dropsical effusions, especially in conjunction with Colchicum (p. 50) or Potassium (p. 96); even as embrocation it is of value (p. 144.) (As cardiactonic, Strophanthus is said to be superior to Digitalis, as, aside from not causing the slightest disturbance to digestion, it is neither depressing nor cumulative in its effects.) Inf. Digitalis (No. 171) in Epilepsy should be given in 1 oz. doses only for one week; in the second week it may be increased to 1½ oz. and the third to 2 oz., until sickness of stomach and dilatation of pupil, when the dose has to be reduced. In Insomnia and forgetfulness of old people: Extractum fluidum gtt. v tertiis horis; in Delirium tremens: Tr. 3 j in 2 doses after an interval of 4 hours.

*Ergot* (p. 65) is a special stimulant to the spinal marrow and the uterus, hence the remedy *par excellence*

172b.	173b.
℞ Extr. Ergotæ Camphoræ $\hat{a}$ gr. x. F. pilulæ 10. j bis die. <i>Spermatorrhœa.</i>	℞ Ferri carbon. gr. xxjv. Radiceis Rhei “ Zingiberis Extr. Gentian $\hat{a}$ gr. xij.
172c.	F. pilulæ 12.
℞ Extr. Ergotæ fl. 4.0. “ Viburni fl. 6.0.	j ter die. <i>Meteorism.</i>
173a.	174a.
Gtt. xv ter vel quater die. <i>Dysmenorrhœa.</i>	℞ Liq. Ferri sesquichlorati Syr. simplicis $\hat{a}$ 10.0.
℞ Tr. Ferri acetici 3j. Syr. Zingiberis $\frac{3}{4}$ j.	Mixtis adde Liq. Ammoni caust.
Aq. Pimenti ad $\frac{3}{4}$ vj.	Spir. Menthæ p. $\hat{a}$ 5.0.
3j ter die. <i>Exhaustion.</i>	Gtt. xx—xl ter die ex aqua. <i>Steel drops.</i>
Ferr. acet. Tr.: gtt. 20—3j = 0.7 —4.0.	
“ carbon.: gr. 5—15 = 0.32—1.0.	
“ chlor. Liq.: gtt. 2—10 = 0.13—0.65.	
“ “ Tr.: gtt. 10—60 = 0.35—2.0.	

in all cases of uterine inaction, unless the coexistence of certain circumstances prohibits its use. Combined with iron it is very often of benefit in Incontinence of Urine. The addition of Strychnine gr. 1-20 (No. 172a) is sometimes particularly useful. (*Ergotina* is another name of the Extract of Ergot, which has a share in the existing confusion of the present nomenclature—see my remarks on this subject in Preface.)

*Ferrum* introduced into the stomach is changed into a sulfuret, and it is only during this process that its absorption takes place. *Ferri Chloridum* (Ferrum chloratum) is the most effective iron salt, a non-poisonous antiseptic, antizymotic and hæmostatic, and milder than Ferri Sulphas. (p. 66.) The liquor taken with Glycerin or with milk will lose the styptic taste, nor will the teeth suffer. No. 174b contains 3 per cent. Ferrum, and if the chloride be of 1.26 spec. gravity, the proportion to Glycerin would be = 33:67. *Ferri Car-*

174b.		175b.	
R̄ Liq. Ferri chlor.	20.0.	R̄ Ferri Sulphatis	
(pond. specif. 1.48.)		Sodii Bicarbonatis	
Glycerinæ	80.0.	Extr. Gentianæ	â 5.0.
3 j—3 iij ter die e lacte.		F. pilulæ 75.	iij—jv daily.
174c.		Vel:	
R̄ Liq. Ferri Chloridi	2.5.	R̄ Ferri sulfurici	5.0.
Glycerini	97.5.	Extr. Myrrhæ	
4 c. c. every ½ hour. <i>Croup.</i>		Galbani	â 15.0.
175a.		F. pilulæ 150.	
R̄ Ferri sulfurici ̄j.		v quater die.	<i>Chlorosis.</i>
Extr. Gentianæ ̄ij.		Vel:	
F. pilulæ 40.		R̄ Sol. Ferri et Pot. Tartrat.	
iij bis die.	<i>Urethral</i>	(20.0—30.0)	200.0.
(j: 7 years.)	<i>Inversion.</i>	3 iij as drink.	

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Ferr. dialysatum:	gtt. 10—40 = 0.65	—2.6.
“ oxyd. hydr.:	gr. 5—20 = 0.32	—1.3.
“ sulfuricum:	gr. 1—3 = 0.065	—0.2.
Ferro-Kali tartar.:	gr. 2—8 = 0.13	—0.5.

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*bonas* (Ferrum carbonicum) gr. iij bis die to improve digestion. In Chorea from fright, (6—10 years.) *Ferrum dialysatum* gtt. ij—v bis vel ter die in Heartburn. It is almost tasteless, and with water perfectly miscible. *Ferri Oxidum hydratum* (Ferrum oxydatum) is easily dissolved in the stomach, therefore small doses of it have the same effect as big ones of the other oxides. Fresh prepared, it is of special value in poisoning with Arsenic, for which reason a bottle with Liq. Ferri tersulf. should be always at hand. An expeditious preparation of the hydrated oxide of iron in cases of arsenical poisoning may be performed in the following manner: To Liq. Ammon. U. S. P. 240.0, previously diluted by double its quantity of water, add Liq. Ferri tersulf. 300.0, previously diluted by 3 liters of water, constantly stirring. Pour the whole on a muslin strainer, and after having pressed with the hand the water all out



176a.

℞ Ferri Vin. amar.  $\bar{z}$  iijss.  
 Tr. Nuc. Vomic.  $\bar{z}$  ss.  
 Sol. Potass. arsen. 3 ij.  
 3 j ter die post cibum ex  
 aqua. *Same.*

176b.

℞ Ferri Vin. dulc.  
 Tr. Colombo  $\hat{a}$   $\bar{z}$  jv.  
 Kalii bromati 3 v.  
 3 ij ter die ex aqua.  
*Pelvic Peritonitis.*

177.

℞ Inf. Gentian. comp.  
 vel Inf. Colombo  $\bar{z}$  vj.  
 Liquor. Potassæ 3 iij.  
 3 ss ter die. *Induration  
 of Cervix.*

178.

℞ Extr. Guaranæ fluidi  
 Elix. Valer. ammon.  
 Glycerini  $\hat{a}$   $\bar{z}$  j.  
 3 j—3 ijterdie. *Heartburn.  
 Cephalalgia.*

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Ferri Vinum:	3 j—3 jv = 4.0—16.0.
Gentiana Extr. fl.: gtt.	20—3 j = 1.0—4.0.
“ Tr.	3 j—3 ij = 4.0—8.0.
Glycerinum:	3 ss— $\bar{z}$ j = 2.0—32.0.
Guarana Extr. fl.: gtt.	20—3 j = 1.0—4.0.

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of the precipitate, add enough water to make the whole 600.0 (about 20 oz.)

*Gentiana lutea* possesses in a high degree the tonic powers which characterize the simple bitters; therefore its value in cases of debility of the digestive organs, or where a general tonic is required.

*Glycerinum* (Glycerina) is, like alcohol, an indifferent and very hygroscopic substance; and Glycerinismus, chronic or acute, is said to be likewise similar to Alcoholism. It is used in Phthisis as nutritive instead of cod liveroil; in Diabetes mellitus, 150.0—200.0 daily, instead of sugar; and sometimes in Dyspepsia (3.0—5.0 after meals), especially if feces hard and dry. Barring a few chemicals, which like Argenti Nitras, Potassii Permannas and Acidum chromicum, are decomposed by it, Glycerina is, on account of its great solvent power, one of the most important menstrua we possess—100 parts, for instance, will readily dissolve 10 p. of Acid. benzoicum, the same quantity of Acidum boricum, 40 p. of Alum, 50 p. of Tannin and 60 p. of Borax.

179.	181.
R Extr. Helon. fl. $\bar{z}$ j.	R Vin. Ipecacuanh. 3 ss.
Glycerinæ $\bar{z}$ ij.	Gtt. iij omni hora.
$\bar{z}$ ss ter die. <i>Hysteria.</i>	<i>Vomiting of Pregnancy.</i>
<i>Uterine Tonic.</i>	182.
180a.	R Pot. Permang. gr. ij—v.
R Hydrastin. gr. vj.	Aq. destillatæ $\bar{z}$ ss.
Extr. Capsici gr. j.	This dose ter die.
F. pilulæ 6. <i>Insomnia.</i>	<i>Amenorrhœa.</i>
j ter die. <i>Irritable Stomach.</i>	183.
180b.	R Extr. Strychni gr. x.
R Hydrastin. 3 ss.	“ Hyoseyami
Extr. Nuc. Vom. gr. jv.	Chinin. sulfurici $\hat{a}$ $\bar{z}$ j.
F. pilulæ 16. Consp. Cinnam.	F. pilulæ 20.
j ante cibum. <i>Dyspepsia.</i>	j ante prandium. <i>Phthisis.</i>

Helonias Extr. fl.:	3 ss—3 j	= 2.0	— 4.0.
Hydrastis “ fl.: gtt.	20—3 jv	= 1.0	—16.0.
Ipecacuanh. Vin.: gtt.	3—3 j	= 0.1	— 4.0.
Mang. Pot. Per.: gr.	$\frac{1}{2}$ —5	= 0.032—	0.32.
Nux Vom. Extr.: gr.	$\frac{1}{8}$ —1	= 0.008—	0.065.
“ “ Tr.: gtt.	5—20	= 0.16	— 0.65.

*Ipecacuanha* is chiefly used as emetic. See section VII. As tonic and stomachic, gr. 1-10 subinde; in Dysentery, one 3 ss dose in capsul. amyl. v. galatin. every night, after having prepared an hour before its administration the stomach by Opium (gr. j) *p. os*, or by Morphinum hypodermically. (p. 110.) In Convulsions from eruptive fevers, gr.  $\frac{1}{8}$ — $\frac{1}{4}$  every 10 minutes. (3 years.)

*Pernanganas Potassii* (Potassæ Pernanganas—Kali hypermanganicum) though excellent in Dysmenorrhœa from torpor, is contra-indicated in the congestive and obstructive forms. In defective Menstruation its use should be commenced a few days previous to the menstrual period. Sometimes it is employed in Impotence from Anæmia and depression. In the administration of it, glycerin or alcoholic menstrea must be avoided, as it is decomposed by them.

184a.

184b.

℞ Strychninæ Nitratis 0.1.	℞ Strychn. nitrici gr. ij.
Glycerini 10.0.	Conf. Rosarum q. s.
Gtt. jv—xij (0.002—0.006)	F. pilulæ 24.
bis vel ter die. <i>Paralysis.</i>	j bis die. <i>Paraplegia.</i>
Vel:	184c.
℞ Strychnini gr. j.	℞ Tr. Strychnini 5.0.
Acidi acetici gtt. ij.	Aq. Laurocerasi 10.0.
Elix. simplicis ʒ ij.	Gtt. x mane nocteque.
3 j mane nocteque.	<i>Vomiting of Pregnancy.</i>

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Strychnina gr. 1-60— $\frac{1}{8}$  = 0.001—0.008.

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*Nux Vomica* (Strychnos) is the remedy *par excellence* in torpid or paralytic conditions of the motor and sensitive nerves, or of the muscular fibre, if not dependent on structural lesions; hence its value in lead palsy and paralysis from drunkenness. It is no less useful in Paralysis, the consequence of cerebral hemorrhage, which continues often for an indefinite time after the absorption of the effused blood, as in Amaurosis without cerebral complications. As general tonic, whenever there is a loss of nerve power, Impotence, Spermatorrhœa, Incontinence of Urine, etc., it seldom fails to give satisfaction. It has, however, to be used with caution, though a tolerance for it is soon established in the system. In Vomiting of Pregnancy, Tr. Nucis Vomicae gtt. ij—iij bihorio; in Gastralgia or Chronic Vomiting, Extr. Strychni gr.  $\frac{1}{4}$ , vel Strychninum gr. 1-10 ter die; in Chorea, gr. 1-25. Action and dose of the various salts of Strychnina are about the same. (0.01 is the strongest dose, and 0.03 per diem—0.05 may kill.) The best Antidote is Chloral 2.0—4.0 or Morphium (1:2 parts Strychn.) in Aq. Amygdalar. amarar. conc. (See page 6.)

*Tr. Strychnini*—Strychnin, 0.1.

Alcohol. dil. 20.0. (1.0=0.005.)

185.		187b.	
℞ Pancreatini		℞ Pepsini ʒjv.	
Acaciæ	ā 5.0.	Acid. hydrochl. d 3 j.	
Natri carbonici		vel " nitrici dil.	
Boracis	ā 1.0.	vel " phosphorici d.	
Aq. fontanæ	10.0.	Tr. Nuc. Vom. ā 3 ij.	
Olei Jecoris	60.0.	Glycerinæ ʒ ij.	
Aq. Menthæ pip.	20.0.	Aq. Fontis ad ʒ viij.	
8 c. c. subinde.	<i>Debility.</i>	ʒ ss ter die post cibum.	
186.		<i>Dyspepsia.</i>	
℞ Extr. Paraguayens. fl.		187c.	
Elix. simplicis ā ʒ j.		℞ Pepsini gr. xv.	
3 j- 3 ij ter die.	<i>Exhaustion.</i>	Acid. phosph. d. gtt. xv.	
187a		Tr. Cinnamomi 3 ij.	
℞ Pepsini	2.0.	Syr. simplicis	
Salicini	1.0.	Aq. fontanæ ā ʒ j.	
Glycerinæ	50.0.	3 j omni hora.	
4 c. c. pro dosi.		<i>Cholera Infantum.</i>	

Pancreatin: gr. 5—25 = 0.32—1.6. .

Pepsinum: gr. 5—15 = 0.32—1.0.

*Pancreatin* is a good digestive, especially of fatty matter, and may be given in alcohol or glycerin.

*Ilex Paraguayensis* furnishes a beverage, which in some parts of S. America fills the place of our tea and coffee; but it does not exalt the peripheral nerves like the former. It is very efficient in exhaustion from hunger and fatigue.

*Pepsine* dissolves albuminoid substances and converts them into peptones; but it is, without an acid, inert, and its best solvent is hydrochlor. acid. Whilst pure Pepsine will dissolve 450 times its weight of albumen, the saccharated Pepsine, U. S. P., dissolves only 50. It is probably more efficient in the treatment of children than of adults. Cancer, Erosions and Ulcers of the stomach prohibit its exhibition; in these cases Pepton would be indicated, as this enters the blood without previously undergoing digestion.

188.	189c.
℞ Pepti pultif. 25.0.	℞ Phosphori gr. j.
Lactis 1000.0.	Strychnini gr. jss.
As food. <i>Convalescens</i>	Ferri carbonici 3 ij.
<i>of Infants.</i>	Chin. sulfurici 3 j.
189a.	F. pil. 100. Consp. Cinnam.
℞ Phosphori gr. ij.	190.
Ol. Terebinthinæ ʒij.	℞ Tr. Rhei vinosæ 50.0.
Spir. Rosmarini ʒj.	“ Cardam.comp. 10.0.
Ætheris ad 3 ijss.	16 c. c. ex vino. <i>Stomachic.</i>
Gtt. vj bihorio.	191.
<i>Palsy of tongue.</i>	℞ Radicis Rhei 3 j.
189b.	Natri bicarbonici
℞ Elix. Phosphori et	Tr. Colombo. ʒ 3 ij.
Damian. ʒ ij.	Aq. Menthæ ad ʒ vj.
3 j ter die. <i>Impotence.</i>	3 ij t.d. <i>Pruritus pudendi</i>
Phosphorus: gr. 1-60—1-12 = 0.001—0.005.	
Rheum: gr. 5—30 = 0.32 —2.0.	
“ Extr. fl.: gtt. 30—60 = 1.0 —2.0.	

*Phosphor* is much employed in degeneration of nerve tissue and in nervous exhaustion, especially in Neuralgia and cerebral softening. In overdoses it is a most violent blood-poison; if chronic: Ptyalism, inflammation of gums and respiratory organs, with bleeding ulcers in the mouth; if acute: Gastro-enteritis, faintings, cramps, paralysis, etc. As tonic it may be given in doses of from 0.0003—0.0005 ter die; and in Impotence, etc., 0.001—0.005; but the use of Zinc. phosph. is decidedly preferable.

As for Damiana (189b) it produces Polyuresis, with excitement of the sexual organs, but it may be thoroughly replaced by Bucco or Ferrum. After its use for 2—3 months the sexual functions are said to be re-established, which result is perhaps better obtained with small doses of Ferri Chloridum, Quinine and Aromatics.

*Rheum* (p. 94) is only in small doses a tonic and also a little astringent. (Nos. 117 & 166.) As digestive it is given in doses of from 0.2—0.5.

192a.		194a.	
R̄ Olei Sabinæ	2.5.	R̄ Zinci phosphorici	1.0.
Tr. Colocynthis		Acid. phosphor.	7.5.
“ Capsici	ā 5.0.	Tr. Cinchonæ	10.0.
“ Arnicæ	10.0.	Gtt. xxv ter die ex aqua.	
Gtt. x—xx quater die ex aqua sacch.	<i>Paralysis.</i>		<i>Epilepsy.</i>
192b.		194b.	
R̄ Summitatum Sabinæ		R̄ Zinci Phosphidi gr. jv.	
Cort. Cinchonæ ā 15.0.		Rd. Althææ q. s.	
F. Infusum	250.0.	F. pilulæ 12.	
Syr. Cinnamomi	30.0.	j ter die.	<i>Sclerosis.</i>
̄ ss bihorio.	<i>Metrorrhagia.</i>		( <i>Cerebro-spinal.</i> )
193.		194c.	
R̄ Zinci Oxidi 3 j.		R̄ Zinci phosph. gr. j—iij.	
Extr. Valerianæ 3 ss.		Sacchari albi ̄j.	
F. pilulæ 30.		Divide in partes 10.	
j ter die p. cibum.	<i>Chorea.</i>	j ter die.	<i>Impotence.</i>
			<i>Tubes Dorsualis.</i>

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Sabina Oleum:	gtt.	1—4 = 0.032—0.13.
Zincum oxydat:	gr.	1—5 = 0.065—0.32.
“ phosph.:	gr.	1-16— $\frac{1}{3}$ = 0.004—0.02.

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*Sabina* is one of the best uterine stimulants, and much used in hemorrhage after abortion. *Ol. Sabinæ*, 0.05—0.2 (gtt. 1—6) bis vel ter die with brandy in *Paralysis*.

*Zinc Preparations* are similar in their effect to the preparations of copper, but milder.

*Zinci Acetas* (*Zincum aceticum*) gr. 4—6 per diem in mucilage is sometimes used in *Delirium tremens*. *Zinci Bromidum* is preferable to the Chloride in *Tremor senilis*, *Hysteria*, *Paralysis*, *Epilepsy*: 0.005—0.015 ter vel quater die ex aqua; 0.02 maximum. *Zincum cyanatum* is best given as powder: 0.005—0.015 ter die; 0.03 maxim.—0.1 per diem. *Zincum oxydatum* in gr. iv doses ter die, has been found of great service in the profuse perspirations of *Phthisis*. No. 193: Each week the quantity may be increased by gr. ij per diem until

195a.	196a.
℞ Zinci Sulphatis gr. x. Extr. Anthemidis 3 ss. F. pil. 10. Consp. Lycopodio. j ter die. <i>Oxaluria.</i>	℞ Zinci valerian. gr. ij—x. Extr. Anthemid. gr. iiij. Ter die. <i>Same.</i>
195b.	196b.
℞ Zinci sulfurici Extr. Hyoscyam. $\hat{a}$ 3 ss. (Extr. Gentian. 3 j.) F. pilulæ 30. <i>Nervous</i> j ter die. <i>Exhaustion.</i>	℞ Zinci Valerianatis 0.1. Elix. simplicis 50.0. Aq. fontanæ 100.0. 16 c.c. every half hour. <i>Migraine.</i> <i>Hysteria.</i>

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Zincum sulfuric.: gr.  $\frac{1}{2}$ —30 = 0.032—2.0.

“ valerian.: gr.  $\frac{1}{2}$ — 2 = 0.032—0.13.

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gr. xlv are reached. *Zinci Phosphidum* (Zincum phosphoricum) supplements Phosphorus for internal use, and is much easier to employ. *Zinci Sulphas* (Zincum sulfuricum) is often used as emetic in cases of poisoning. See section VII. As tonic it is of great value in *Oxaluria* (195), especially if nitromuriatic acid is given at the same time. (p. 72.) Gr. j once daily in *Chorea* from fright, which may be increased to gr. vj. daily to child of 6 years.

## SECTION VI.

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### CATHARTICS

Remove retained feces, morbid secretions or poison, by producing alvine evacuations, with or without irritation, increased peristalsis and effusion of serum from the bowels, or of bile from the liver; they relieve spasm or congestion and inflammatory action of the general system; promote absorption; stimulate the secretions of the liver and purify the blood, invigorating and refreshing at the same time the circulatory and nervous powers.

- 1.—LAXATIVE: Fruit, Glycerina, Oleum Olivarum, Oleum Ricini, Sulfur, etc.
- 2.—LAXATIVE AND CHOLAGOGUE: Mercurial Cathartics.
- 3.—MILDLY HYDRAGOGUE: Saline Cathartics.
- 4.—MILDLY ACRID: Rhamnus Frangula, Senna, etc.
- 5.—MILDLY ACRID AND CHOLAGOGUE: Rheum, Aloes, etc.
- 6.—DRASTIC: Colocynthis, Elaterium, Cambogia, Jalapa, Scammonium, Oleum Tiglii, etc.
- 7.—DRASTIC AND CHOLAGOGUE: Colchicum, Podophyllin, etc.



197a.

197c.

℞ Extr. Aloes  
 Ferri sulf.  $\hat{a}$  3 j.  
 (Rad. Rhei 3 ss.)  
 F. pilulæ 30. *Chlorosis.*  
 j vel ij hora somni.

℞ Aloes  
 Mass. Hydrarg.  $\hat{a}$  gr. jv.  
 Saponis medicati gr. ij.  
 F. pilulæ 2.  
 Sumatur hora somni.

197b.

*Pruritus pudendi.*

℞ Aloes gr. xxjv.  
 Acid. sulf. fortiss. gtt. vj.  
 F. pilulæ 6.  
 ij quarta quaque hora.

198.  
 ℞ Extracti Aloes 4.0.  
 Tartari emetici 0.25.  
 F. pilulæ 60.  
 ij bis vel ter die. *Insanity.*

Vel:

℞ Aloes  
 Rad. Rhei  $\hat{a}$  3 j.  
 Sapon. med. 3 ss.  
 F. pilulæ 30.  
 j vel ij subinde.

199a.  
 ℞ Extracti Aloes  $\mathcal{D}$ j.  
 Asæ fœtidæ  $\mathcal{D}$ ij.  
 Extr. Nuc. Vomicae  
 “ Belladonn.  $\hat{a}$  gr. x.

*Palpitation.* F. pilulæ 20.  
*Prolapsus Uteri.* j ante prandium. *Hysteria.*

*Aloes*, which is also slightly tonic and emmenagogue, ranks as purgative between *Rheum* and *Senna*, being rather slow in its effect. It is chiefly used in *Dyspepsia* with constipation, dependent on a torpid condition of the large intestine or liver, and in *Hemorrhoids*; as revulsive in cerebral affections and in defective menstruation; but it is objectionable in diseases of the genito-urinary apparatus, pregnancy, etc., on account of its special action on the large intestine and the pelvic viscera generally. The dose is gr. v—x; Tr.  $\bar{3}$  ss— $\bar{3}$  j; Tr. Aloes c. Myrrha 3 j—3 ij. Ferrum sulfuricum increases its action, and prevents, moreover, griping. In Constipation from retained feces: Tr. Aloes cum Myrrha 3 j ter die; in Hysterical Meteorismus: Decoctum Aloes semel vel bis die; in defective Menstruation: Pilulæ Aloes cum Myrrha gr. v hora somni (to begin a day or two before Menstruation). No. 197b is a very powerful aperient.

<p>199b.  R Extracti Aloes  Chinin. sulfurici  (Ferri sulf.) <math>\widehat{a}</math> <math>\mathfrak{D}</math>j.  Extr. Nuc. Vomicar.  “ Hyoscyam. <math>\widehat{a}</math> gr. x.  F. pil. 20. j p. prandium.  200.  R Dec. Aloes comp. <math>\frac{3}{4}</math> viij.  Potass. Bicarb. 3 ss.  Tr. Aurant. Cort. 3 ij.  Cyathus vinos. omni mane.</p>	<p>203a.  R Extr. Colocynth. comp.  Sapon. med. <math>\widehat{a}</math> <math>\mathfrak{D}</math>ij.  Ol. Juniperi gtt. xl.  F. pilulæ 20.  j bis die. <i>Meteorismus.</i>  203b.  R Extr. Colocynth. comp.  Chin. sulfurici <math>\widehat{a}</math> <math>\mathfrak{D}</math>j.  Camphoræ <math>\mathfrak{D}</math>jv.  F. pilulæ 40.  j ter die. <i>Same.</i></p>
<p>201.  R Tr. Aloes c. Myrrha 3 ij.  Ferri sulfurici gr. ij.  Syr. Rhei arom. <math>\frac{3}{4}</math> iij.  3 ij ter die. <i>Gastro-intestin.</i>  (8 years.) <i>Catarrh.</i></p>	<p>203c.  R Extr. Colocynth. comp.  Calomelanos <math>\widehat{a}</math> gr. vj.  Pulv. antimon. gr. j.  F. pilulæ 3.  S. hora somni. <i>Congestive</i>  <i>Dysmenorrhæa.</i></p>
<p>202.  R Extr. Colchici acetici  Hydr. c. Creta <math>\widehat{a}</math> <math>\mathfrak{D}</math>j.  Extr. Colocynth. co. <math>\mathfrak{D}</math>ij.  F. pilulæ 20. <i>Chronic</i>  j hora somni. <i>Diseases.</i></p>	<p>204a.  R Extr. Colocynth. co. 3 ss.  “ Hyoscyami <math>\mathfrak{D}</math>j.  Mass. Hydrarg. gr. xij.  F. pilulæ 12. <i>Constipation.</i>  j v. ij subinde. (<i>pregnancy.</i>)</p>

*Colchicum* (p. 48) combined with Salines is much employed where torpor of portal circulation in gouty habits. In Constipation from retained feces: Tinctur. gtt. v—x post cibum.

*Colocynthis* is mostly used to unload the bowels in obstinate constipation; but it acts sometimes very violently, even in small doses, and in overdoses it may produce dangerous enteritis. Dose gr. v—x. It is usually given as pill.

*Pilulæ Colocynthis comp.*: Extr. Colocynthid. p. 16.  
Aloes p. 50, Scammonium et Sapo  $\widehat{a}$  p. 14.  
Cardamomum p. 6, Alcohol p. 10.

204b.	206b.
R̄ Pil. Colocynth. comp. “ Galbani comp. $\hat{a}$ ̄j. Ferri oxydati gr. xij. Theriacæ q. s. F. pilulæ 12. ij bis die. <i>Mastodynia.</i>	R̄ Pil. Cambog. comp. 3 jss. Chinini sulfurici 3 j. F. pilulæ 30. j semel vel bis die. <i>Vulvar Enterocoele.</i>
205.	207.
R̄ Elaterii gr. ij. Extr. Taraxaci gr. x. F. pilulæ 8. j tertiis horis. <i>Dropsy.</i>	R̄ Glycerinæ 3 ij. Kali bitartarici ̄j. 3 j as dose. <i>Laxative.</i>
206a.	208a.
R̄ Pil. Cambog. comp. 3 j. Mass. Hpdarg. 3 ss. F. pilulæ 30. <i>Constipation.</i> ij subinde.      ( <i>habitual.</i> )	R̄ Calomelanos 3 j. Opii 3 ss. Tart. emetici gr. x. F. pilulæ 40. j ter die. <i>Hepatitis.</i>

*Elaterium* is, perhaps, the most important of the hydragogues, being generally used in dropsical affections, and also frequently as revulsive in cerebral diseases. Its action is no less violent than that of either Camboge or Colocynthis, and has proved even fatal in overdoses; but if administered in divided doses its effect can easily be regulated. In Bright's Disease, to prevent Uræmia, gr. 1-16— $\frac{1}{4}$  hourly until purgation.

*Cambogia* (Gutti) is also very violent in its action, and overdoses have proved fatal. It is usually employed in obstinate Constipation, combined with milder cathartics, in order to accelerate their action.

*Pil. cathartic. comp.*—Extr. Colocynth. comp. 8.40.  
 Abstract. Jalapæ et Calomel  $\hat{a}$  6.50.  
 Cambogia 1.60.—Pilulæ 100.

*Pil. Cambogice comp.*—Aloes, Cambogia, Pulv. aromaticus  $\hat{a}$  2.5. Sapo 5.0. Syr. simplex q. s.  
 F. pilulæ ponderis 0.15. Dose 2—4.

*Glycerin* is more used as menstruum and nutritive than as laxative. See page 81.

208b.	209b.
℞ Calomelanos gr. x.	℞ Calomelanos gr. jv.
Ipecacuanhæ gr. j.	Jalapæ gr. vj.
Afterward Salts. <i>Jaundice</i> .	Pulv. antimon. gr. j.
208c.	Afterwards Senna. <i>Dropsy</i> . (after <i>Scarlatina</i> .)
℞ Calomelanos gr. vj.	(5 years.)
Rad. Rhei gr. xij.	210.
Later Ol. Ricini.	℞ Calomelanos gr. vj.
<i>Chlorosis</i> .	Fol. Digitalis gr. ij.
209a.	℞ pilulæ 2.
℞ Calomelanos gr. x.	j hora somni. <i>Anasarca</i> from gestation.
Jalapæ gr. xv.	To be followed in the morn-
Pulv. antimon. gr. ij.	ing by $\frac{1}{2}$ oz. of Salts.
Followed by Senna.	
<i>Epilepsy</i> .	

*Jalapa* is mostly used with Cream of Tartar (1:2) as Pulvis Jalapæ compositus in cerebral and dropsical affections; and with Calomel in bilious fever. It is a powerful hydragogue, causing often much pain, and an overdose may produce dangerous hyperæsthesia. The dose varies from gr. xv—xxx; in combination: gr. x.

*Mercurial Cathartics* are frequently employed with a view of combining a purgative action with an increased flow of bile (many practitioners object to Mercury and use other drugs, especially Podophyllin instead), but are never administered without being followed by some other cathartic, to insure a full action. Calomel is given in doses of from gr. vj—xij, followed in 4—6 hours by  $\frac{1}{2}$  oz.—1 oz. of Salts, Senna or Castor oil; for children larger doses are required in proportion than for adults, gr. ij—vj being the dose for a child from 2—6 years old, though, generally speaking, *Grey Powder* is preferable in Pediatrics. *Blue Pill* is milder than Calomel, and forms, with Black draught, all over England a popular remedy for biliousness.

In Suppression of Menses, Calomel gr. x, followed after 6 hours by Senna, or some other cathartic; in

211.

℞ Massæ Hydrargyri  
 Sapon. med.  $\hat{a}$  grs. xij.  
 Asæ foetidæ gr. vj.  
 F. pilulæ 6. *Constipation.*  
 j vel ij h. s. (*of pregnant.*)

212.

℞ Hydrarg. c. Creta  
 Rad Rhei  $\hat{a}$  gr. ij.  
 Ipecacuanh. gr. 1-6.  
*Convulsions*  
*from teething.* (8 years.)

213.

℞ Olei Olivæ  $\frac{3}{4}$  vj.  
 In one dose, or  $\frac{3}{4}$  ss half  
 hourly after a day's fasting.  
*Hepatic Colic.*

214.

℞ Podophyllin. gr. j.  
 Spir. Vini Gallici 3j.  
 Syr. simplicis  $\frac{3}{4}$  iij.  
 3j semel vel bis die.  
*Gastro-intestinal*  
*Catarrh.*

defective Menstruation at the climacteric period, with Jalapa (No. 209); in profuse Menstruation from undue lactation, with Rheum (No. 208.) In Constipation of children (1—4 years): gr. ij with jv—vj of Jalapa. Hydrargyrum cum Creta gr. x—xij in Amenorrhœa, Palpitation from constipation, etc.; gr. jv in Paralysis for children of 1—2 years; gr. ij in Laryngismus stridulus from dentition (6 months); gr. j followed by Manna or Oleum Ricini 3 ss (5 weeks.) See section 1.

*Oleum Olive* (No. 213) is said to facilitate the passage of the gall-stones: The patient, after having swallowed the oil, should recline on the left side, with the hips higher than the shoulders.

*Podophyllin* has a special determination to the upper part of the alimentary canal, and as it combines with its hydragogue property a decided cholagogue action, it is an excellent substitute for Mercury, especially in Functional Hepatic affections. As alterative it is occasionally of great service in Scrofula.

Dose of Extractum fluidum: gtt. 20 — 3 ss=1.0—2.0. Podophyllin: gr.  $\frac{1}{4}$  — j = 0.015—0.065. (0.005—0.015 for children of 6 months to 4 years; 0.02: 5 to 14 years; 0.03: over 14 years.)

215a.	216a.
℞ Extr. Frangulæ fluidi Sodii Bicarbon. $\hat{a}$ 3 ij. Tr. Colombo vel Tr. Nuc. Vomic. 3 j. Aq. Menthæ ad $\bar{z}$ vj. $\bar{z}$ ss ter die ante cibum. (12 years.) <i>Palpitation.</i>	℞ Extr. Rhei 3 ss. “ Gentianæ $\mathfrak{D}$ j. Sapon. med. gr. x. F. pilulæ 20. ij bis vel ter die. <i>Prolapsus Uteri.</i> 216b.
215b.	217a.
Pulveris Rhei gr. x. Natri bicarbonici Sacchari $\hat{a}$ 3 j. Olei Lavandulæ gtt. v. Primo mane e cochlearibus duobus aquæ sumendus. <i>Constipation.</i>	℞ Syrupi Rhei           20.0. “ Sennæ           10.0. Tr. Zingiberis       1.0. <i>Aperient.</i> 217a. ℞ Olei Ricini 3 j. Tr. Opii gtt. j. <i>For Infants.</i>

*Rhamnus frangula* is a mild acrid cathartic, similar to Rheum, but not so slow in its operation; thus proving a good and cheap substitute for the latter. The griping which it sometimes produces may be avoided by the addition of aromatics. Dose of Extractum fluidum: gtt. 20—3 j = 1.0—4.0.

*Rheum* is rather a slow cathartic; but it never causes inflammation of the alimentary canal. It is much employed in cases of Diarrhœa, on account of its secondary astringent effect; and in Dyspepsia, on account of its stomachic and tonic properties. (See pp. 51 & 85.) As a mere cathartic it may be fully replaced by *Rhamnus*. Dose of root and fluid extract as stomachic laxative: gr. v—x; as purgative:  $\mathfrak{D}$ j—3 j; of Tr.:  $\bar{z}$  ss— $\bar{z}$  j; and of Syrup: 3 j for an infant. No. 215b is said to be the most perfect combination of rhubarb; the lavender hides its flavor completely.

*Syr. Rhei*: Extr. Rhei fl. 3 j; Tr. Cinnamomi  $\mathfrak{D}$ ij;  
     Pot. Carbonas gr. v; Syr. simplex  $\bar{z}$  jv.

217b.	Vel:
℞ Olei Ricini 6.0.	℞ Magn. Sulphatis
“ Terebinthinæ 4.0.	Pot. Tartratis $\hat{a}$ $\frac{3}{4}$ ss.
Acaciæ	Tart. emetici gr. j.
Aq. fontanæ $\hat{a}$ 40.0.	vel Ferri Sulphatis gr. x.
16 c. c. bihorio. <i>Tympanitis.</i> ( <i>Typhus.</i> )	Aq. Fontis $\frac{3}{4}$ viij.
218a.	219b.
℞ Magn. Carbonatis	℞ Magn. sulf. 3j— $\frac{3}{4}$ ss.
Rad. Rhei $\hat{a}$ 3ij.	Chin. sulfurici gr. ij.
Aq. Cinnamomi $\frac{3}{4}$ viij.	vel Tr. Nuc. Vom. gtt. xv.
$\frac{3}{4}$ ss omnimane. <i>Inversion.</i>	Aq. fontanæ $\frac{3}{4}$ jss.
218b.	Primo mane ex aqua.
℞ Magnes. c. Rheo gr. x.	219c.
Aquæ Fœniculi $\frac{3}{4}$ ij.	℞ Magn. sulfuric. 3ij.
3j ter die. <i>Constipation.</i>	Ferri sulfurici gr. vj.
(3 months.)	Acidi sulf. dil. $\frac{3}{4}$ ss.
219a.	Infusi Gentianæ $\frac{3}{4}$ vj.
℞ Magn. sulfuricæ $\frac{3}{4}$ j.	$\frac{3}{4}$ ss bis die. <i>Amenorrhœa.</i>
Ferri sulfurici gr. viij.	220a.
vel Acidi sulf. dil. $\frac{3}{4}$ ss.	℞ Kali tartarici gr. xv.
Aq. Menthæ $\frac{3}{4}$ viij.	“ bicarbonici gr. xij.
3j omni mane e cyatho	Magnesiæ gr. vj.
aquæ. <i>Aperient and tonic.</i>	Primo mane e cyatho aquæ.
	<i>Chronic Diseases.</i>

*Castor Oil* is perhaps the safest laxative used in gynæcological and pediatric praxis, as it will open the bowels with the least possible irritation; hence its value in inflammations about the abdomen and pelvis; in affections of the rectum and womb; in Pregnancy, Hernia, Typhus, etc. Dose  $\frac{3}{4}$  ss—3j; children: 3j— $\frac{3}{4}$  ss.

In habitual Costiveness occasional massage or several articles of diet, which have a laxative property, will be frequently of assistance: oatmeal, bran, molasses, honey, and particularly ripe or dried fruit, as apples, prunes, tamarinds, etc.

*Salines*: Magnesia (p.52,) though laxative, is generally used as antacid, and mostly in pediatrics. Dose as

220b.	222.
℞ Potass. Tartratis ʒj. Jalapæ gr. xij.	℞ Sodii Phosphatis Mannæ ʒ 3j.
Vel: <i>Tympanitis.</i>	Aquæ Fœniculi ʒj.
℞ Pot. Bitartratis ʒij. Jalapæ ʒj. <i>Dropsy.</i> (to prevent <i>Uræmia.</i> )	3ij ter die. <i>Constipation.</i> (3 years.)
220c.	223a.
℞ Kali bitartarici ʒvj. Extr. Digitalis fl. ʒss. Aq. fontanæ ʒvj. ʒj ter die. <i>Pleuritis.</i> (if <i>effusion.</i> )	℞ Foliorum Sennæ Semin. Anisi ʒ ʒj. Aquæ bulliente ʒj. Colaturæ adde Pot. Bitartratis ʒj. ʒjss every morning before breakfast.
221.	223b.
℞ Sodii Sulphatis 10.0. Extr. Taraxaci fl. 5.0. Aq. destillatæ 50.0. Syrupi Rhei 25.0. 4 c. c. bihorio. <i>Icterus</i> <i>Neonatorum.</i>	℞ Inf. Sennæ comp. ʒjss. Spir. Nuc. Moschat. ʒj. Syrupi Rhei ʒij. ʒss ter die. <i>Prolapsus</i> <i>Vaginæ.</i>

laxative: ʒj ex aqua vel lacte. *Magnesii Sulphas* (Magnesia sulfurica) is a mild refrigerant purgative, generally used with Senna. Dose ʒss—ʒj. With Ferrum and other tonics (No. 209) it is of service in chronic diseases—ulceration of cervix uteri, Cervical Endometritis, Engorgement of breast, etc.—to drain the congested abdominal veins and to brace the system. *Potassii Bitartras* (Kali bitartaricum) is in doses of ʒj—ʒij a gentle diuretic and refrigerant aperient, useful in fevers; in doses of ʒss—ʒj it has hydragogue properties, and is frequently used in Dropsies. *Potassii Tartras*, though similar to Cream of Tartar, is much less used: No. 220a, especially if the urine red. (Like Pot. Acetas both salts change in the stomach into carbonates. See page 53.) *Potassii et Sodii Tartras* (Tartarus natronatus) is generally employed in the form of Seidlitz powder, and well adapted to gouty habits and cases



223c.

℞ Extr. Sennæ fluid.  
 Magn. sulfur.  $\widehat{a}$  3 ij.  
 Tr. Jalapæ  
 Mannæ  $\widehat{a}$  3 j.  
 Aq. fontanæ  $\frac{3}{4}$  jv.

Vel: *After Calomel.*

℞ Extr. Sennæ fl.  
 Magn. Sulphatis  
 Tr. Jalapæ  $\widehat{a}$  3 j.  
 Aquæ Fontis  $\frac{3}{4}$  ij.

(5 years.)

223d.

℞ Extr. Sennæ fl.  $\frac{3}{4}$  ss  
 “ Frangulæ fl. 3 ij.  
 “ Gentian. comp. fl.  
 Sodii Bicarbon  $\widehat{a}$  3 j.  
 Aq. fontanæ  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  ss ter die ante cibum.

*Gastro-intestinal*  
*Catarrh.*

Vel:

℞ Extr. Sennæ fl.  $\frac{3}{4}$  ss.  
 Ammonii chlorati 3 j.  
 Aquæ Anisi  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  ss ter die ante cibum.  
*(If there be Jaundice.)*  
 223e.

℞ Extr. Sennæ fl.  $\frac{3}{4}$  ij.  
 “ Frangulæ fl.  $\frac{3}{4}$  j.  
 “ Gentian. comp. fl.  
 Natri bicarbonici  $\widehat{a}$  3 ss.  
 Aquæ Anisi q. s. ad  $\frac{3}{4}$  ij.  
 3 j ter die ante cibum vel  
 tertiis horis. (2-5 years.)  
 224a.

℞ Sulfuris depurati 20.0.  
 Kali bitartarici  
 Sacchari albi  $\widehat{a}$  40.0.  
 Olei Citri gtt. j.  
 3 j ter die ex aqua.

*Hæmorrhoids.*

of uric acid diathesis; but it should not be given in the phosphatic, as it renders the urine alkaline. *Sodii Sulphas* (Natrium sulfuricum) is similar to Magn. Sulphas, but more bitter, and perhaps more nauseous. *Sodii Phosphas* is, on account of its agreeable taste, well adapted to all cases of children and delicate persons, especially where there is a deficiency of phosphor, and saline matter, it being a constituent of the blood in health. Dose 15.0—50.0; in Constipation, with red urine, 3 ij every morning ex aqua. See page 57.

*Senna* is a prompt and efficient cathartic, acting on the entire track of the intestinal canal, and producing watery feculent stools; hence its use in febrile and inflammatory cases. The addition of bitters promotes its activity, and its tendency to gripe may be avoided by aromatics or neutral salts. Dose of Extractum fluidum,

224b.	225c.
<p>℞ Sulf. præcipitati 3 j.  Magnesiæ ℥jv.  Divide in partes 4.  j hora somni ex aqua vel  lacte. <i>Same.</i></p>	<p>℞ Olei Tiglii 0.1.  Sacchari albi 10.0.  Acaciæ  Tr. Card. comp. 2.0.  Aq. destillatæ 60.0.</p>
225a.	4 c. c. several times daily.
<p>℞ Olei Tiglii gtt. ij.  Ipecacuanhæ gr. ij.  Calomelanos ℥j.</p>	<i>Meningitis.</i>
<p>F. pilulæ 10. <i>Amenorrhœa.</i>  j quartis horis.</p>	226.
225b.	<p>℞ Saponis Tiglii gr. vj.  Pil. Colocynthis  c. Hyoscyam. gr. xxjv.  Calomelanos 3 ss.  F. pilulæ 12.  j bis vel ter die. <i>Epilepsy</i>  <i>from suppressed Menses.</i>  (With Magn. sulf. 3 j every  morning).</p>
<p>℞ Olei Tiglii gtt. vj-viij.  Sacchari albi 3 j.  Aquæ fontanæ 3 ij.  Pars semis, and in 3 hours  the rest, if necessary.  <i>Coma (if pulse strong).</i></p>	

2.0—8.0 bis vel ter die; 0.3—1.0 bihorio. In Constipation of pregnancy: Electuarium e Senna 3 j—3 ij bis die.

*Sulfur* is a mild laxative, having at the same time a gentle stimulating property to the skin and mucous membrane; hence its value in chronic cutaneous diseases. Dose, 3 j— $\frac{3}{4}$  ss in treacle or milk. The choice between Sulfur depuratum and Sulfur præcipitatum is a matter of taste, there being no difference in their effects.

*Croton Oil* is, from the speediness of its action, still more than from the smallness of the dose required, a most valuable purgative in cerebral disorders, especially Coma. Even an external application to the abdomen—mixed with Ol. Olivarum—will produce catharsis. Occasionally it is used in obstinate Constipation. The dose is gtt. j—ij, though sometimes as much as gtt. viij—x may be taken without affecting the bowels.

## SECTION VII.

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### EMETICS

Remove not only Indigesta and otherwise deleterious substances from the stomach, by exciting that viscus to discharge its contents through the mouth, but expel also foreign bodies if lodged in the throat or œsophagus. They, moreover, relieve spasm, promote perspiration and expectoration, and assist in the removal of obstructions in the viscera generally.

ALUMEN.

ANTIMONII ET POTASSII TARTRAS.

APOMORPHINUM.

CUPRI SULPHAS.

HYDRARGYRI SUBSULPHAS FLAVUS.

IPECACUANHA.

SINAPIS.

SODII CHLORIDUM.

ZINCI SULPHAS.

*Emetics* are contra-indicated in Congestion of the Brain, Hernia, Pregnancy, etc.

227a.	228a.
℞ Ipecacuanhæ gr. xv. Tart. emetici gr. j—ij.	℞ Cupri sulfurici 1.0. Sacchari Lactis 5.0.
Dentur tales doses 3. j every 15 minutes until emesis.	Divide in partes 10. j every 15 minutes until emesis.
227b.	(3-7 years.) Croup.
℞ Ipecacuanhæ gr. jv. Tart. emetici gr. ¼. With warm water. (3 years.) <i>Scarlatina.</i> (if throat stuffed.)	228b. ℞ Cupri sulfurici 1.0. Aq. destillatæ 40.0. In 2 doses within 15 min. <i>Opium poisoning.</i>

*Ipecacuanha* is the emetic in all cases where a simple evacuation is required, mild and sure, and therefore well adapted in spasmodic Croup, acute Bronchitis of children, etc. The vomiting is promoted by the free use of tepid water; if excessive, it must be checked by demulcents, opiates and counter-irritation.

Dose, gr. xv—xx; as nauseant, gr. ½—ij ter die; as diaphoretic and expectorant, gr. ¼—½; and as tonic, gr. 1-10 ter die. (p. 82.) The fluid extract 3 ss—3 j; Vinum Ipecacuanhæ 3 ss—3 j; Syrupus Ipecacuanhæ 3 ss—3 j for children of 1—2 years; gtt. v—xx as expectorant.

In commencement of Cholera: Pulv. Ipecacuanh. gr. vj (6 years.) In Fits: gr. iiij—v (2 years.)

*Vinum Ipecacuanhæ*: Extractum fluidum 1.25.

Vinum ad 20.0.

*Syrupus Ipecacuanhæ*: Extr. fluidum 1.0.

Syrupus simplex ad 20.0.

*Antimonii et Potassii Tartras* (Stibio-Kali-tartaricum—Tartarns stibiatus s. emeticus) Emetic Tartar is very valuable in Parturition if os rigid, and the skin hot and dry. See page 23.

*Vinum Antimonii* (Vinum stibiatum) 1:250 Vinum.

*Cupri Sulphas* (pp. 65 & 77)—gr. v—x in poisoning by Opium; 1.0 in poisoning by Potassii Cyanidum.

*Alumen* (pp. 62 & 63): Dose as emetic, gr. viij—xxx

=0.5—2.0. Teaspoonful ( 3 ss) in Croup; tablespoonful in poisoning with Opium.

*Apomorphin* is especially valuable where insensibility prevents the administration of an emetic by mouth. See Hypodermic Medication, chapter 11.

*Hydrargyri Subsulphas flavus* (Hydrargyrum sulfuricum). Gr. iiij—v. of Turpeth Mineral is sometimes used in true Croup.

*Sinapis* is especially useful in atonic conditions of the stomach. Dose 3 j—3 ij=4.0—8.0. One tea or tablespoonful in poisoning by Opium.

*Sodii Chloridum* (p. 57.) A tablespoonful of salt in warm water in Alcohol poisoning.

*Zinci Sulphas* (p. 86) is perhaps the most reliable emetic in cases of narcotic poisoning. Dose, gr. xx—xxx.

## SECTION VIII.

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### VERMIFUGÆ

Destroy certain parasites in the human body, by either an antiseptic and inherent vermifugal power, or by invigorating the intestinal canal; and thus preventing the accumulation of mucous and slimy matter, without which these animals cannot exist.

Agents which destroy the round worm (*Ascaris*): CINCHONIDINUM, NAPHTHALINUM, SANTONINUM and SPIGELIA.

The following either expel or kill the tapeworm (*Tenia*): ASPIDIUM (FILIX MAS), CHLOROFORM., CUPRUM OXYDATUM NIGRUM, GRANATUM (PUNICA), PEPO (CUCURBITA), PHENOLUM, TEREBINTHINA, THYMOLUM.

In *Trichinosis* (Trichiniasis) have been successfully used BENZINUM & SALICINUM.

229.

℞ Cinchonid. tannici  
 Ferri oxyd. hydr.  $\widehat{a}$  1.0  
 Divide in partes 10.  
 j hourly during forenoon.  
*Ascarides.*

230.

℞ Santonini  
 Sacchari albi  $\widehat{a}$  gr. iiij.  
 Dentur tales doses 12.  
 j ter die. *Same.*

231.

℞ Rad. Spigeliæ gr. vj.  
 Calomelanos gr. jv.  
 Followed by Oleum Ricini.  
 (10 years.) *Chorea*  
*from worms.*

Vel:

℞ Rad. Spigeliæ  $\frac{3}{4}$  ss.  
 Foliorum Sennæ 3 ij.  
 Fiat Infusum  $\frac{3}{4}$  jv.  
 $\frac{3}{4}$  ss bis die. (4 years.)

232.

℞ Acid. carbol. gtt. viij.  
 Glycerinæ  $\frac{3}{4}$  ij.  
 Aq. Fontis  $\frac{3}{4}$  vj.  
 $\frac{3}{4}$  ss— $\frac{3}{4}$  j hourly for one day,  
 followed by a cathartic.  
*Tænia.*

233.

℞ Cupri oxydati nigri 6.0.  
 Calcariae carbonicæ 2.0.  
 Boli albi lævigat. 12.0.  
 Glycerinæ 10.0.  
 F. pilulæ 120.  
 ij quater die for one week,  
 then ij each time. *Same.*

234.

℞ Ol. Filic. maris 3 j.  
 Mucil. Acaciæ q. s.  
 Fiat Emulsio.  
 Sumatur hora somni e lacte.  
*Same.*

*Cinchonidinum tannicum* cum Ferro (p. 11) is an excellent remedy in round worms; but the pin worm is more easily destroyed by appropriate enemata followed by tonics. (Nos. 376 & 377.) The dose is gr. iiij—xxx = 0.2—2.0.

*Napthalin* (p. 15) has been recommended in doses of from  $\mathfrak{Dj}$ —jv per diem; for children under 3 years gr. ij—iiij bis die. Also as tænicide.

*Santoninum* (Santonina) in strong doses produces thoughtlessness and chromatopsia in weak children; and 0.5 may kill. (p. 6.) It should be followed always by a brisk purgative. Maxim. dose: 0.1; 0.5 per diem; 2 doses of 0.025 each during forenoon to child of 1 or 2 years; 3 doses in the same space of time to child of

Vel:	Vel.
℞ Extr. Filicis ætherei	℞ Emuls. Sem. Cucurbit.
“ Granat. C. Rd.	(ex $\frac{3}{4}$ ij parat.) $\frac{3}{4}$ viij.
“ $\hat{a}$ 2.5.	This dose several days in
Cort. Rad. Granati q. s.	succession. <i>Same.</i>
F. pilulæ 40. Lycopodio	Vel:
conspergantur.	℞ Ol. Terebinthinæ $\frac{3}{4}$ ij.
iiij after a milk-breakfast.	Mucil. Acaciæ $\frac{3}{4}$ ss.
235.	Aq. fontanæ q. s.
℞ Dec. Granati Cort. Rd.	Fiat Emulsio $\frac{3}{4}$ vj.
(ex $\frac{3}{4}$ ijss) $\frac{3}{4}$ xij.	Tr. aromaticæ 3 ij.
In the course of the fore-	Pars quarta every half hour.
noon. <i>Same.</i>	<i>Same.</i>

3 or 4 years; 2 doses of 0.05 each during forenoon: 5 or 6 years; 3 doses—7 or 8 years.

*Spigelia* should also be followed by a brisk purgative. Dose of Extractum fluidum: 3 j—3 ij=4.0—8.0. Extr. *Spigeliæ c. Senna fl.*  $\frac{3}{4}$  ss ter die.

*Acidum carbolicum* (p. 16.) Dose gr.  $\frac{1}{2}$ —iiij=0.032—0.2.

As the worm is nourished by the contents of the small intestines by endosmosis, no fat nor farinaceous food should be given; only beef tea freely.

*Aspidium Filix mas*—The oleoresin is more effective than the extract; but no dinner or supper must be taken to obtain a good effect of the oil. The practice of giving the remedy for tapeworm to fasting patients has lately been condemned. Its administration one hour or two after a full meal is said to be at least as effective and decidedly less irritating to stomach and intestines. Dose of the oil, gtt. 15—30 = 1.0 — 2.0; of the extract, gtt. 10—20 = 0.65—1.3.

*Cuprum oxydatum nigrum* is said to kill the worm without producing the slightest inconvenience to its victim; but during the time that the pills are taken, acid drinks must be avoided.

*Granatum*—The bark of the root has never failed in my hands, but it must be fresh, and I took care to have



236.	237.
<p>℞ Benzini 3 ij.  Succi Glycyrrhizæ  Mucil. Acaciæ <math>\widehat{a}</math> 3 j.  Aq. Menth. q. s. ad 3 vj.  3 ss omni hora vel bihorio.  <i>Trichinosis.</i></p>	<p>℞ Acidi salicylici 10.0.  Solve in  Alcoholis puri 1000.0.  Tum adde  Olei Carvi 2.5.  Tr. aromaticæ 50.0.  Syr. simplicis 950.0.  32 c. c. after having eaten  pork suspected to contain  <i>Trichinæ.</i></p>
<p>Vel:  ℞ Benzini 3 j.  Glycerinæ 3 viij.  3 ss omni hora vel semihora.</p>	

the root dug in my presence. Dose gr. xv—3 j = 1.0—4.0; of Extractum fluidum gtt. xx—xc = 0.65—3.0. (If there be any doubt about the freshness of the root *Pelletierine* should be taken.)

*Ol. Terebinth.* 3 ij bis die for 2 days, followed by *Oleum Ricini* 3 ss and to be repeated in 4 hours unless the bowels open freely, to child of 5 years. See page 68.

*Chloroform* (p. 30) has been given in doses of gtt. 30 half-hourly; or in 3 j dose before breakfast in conjunction with *Ol. Ricini et Tigllii* (gtt j: 3 j).

*Thymol* (p 19) is recommended as a perfectly safe remedy for tapeworm, if its depressing effect is counterbalanced by a simultaneous administration of brandy or some other stimulant. It is exhibited in gr. x doses every 15 minutes until 3 ij are taken, the last dose to be followed by some cathartic. It appears, however, that *Acidum thymicum* may be completely replaced by *Acidum salicylicum*. See page 16.

*Benzin* (p. 45) may be given in doses of 0.065—0.65.

## CHAPTER II.

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### HYPODERMIC MEDICATION.

The nature of the remedies used in Hypodermic Medication prevents this form of administering medicines from overstepping certain limits in the art of healing; yet in many cases where we can avail ourselves of it, we must confess that it is an invaluable auxiliary.

The great advantage of subcutaneous injections lies not only in the rapid absorption and consequent immediate action of the remedy on the system, but still more in the fact that they may be employed with the full effect of the remedial agent, where absorption from the stomach is altogether out of question on account of its irritability, as in pernicious fevers, cholera, etc., and last, but not least, where the condition of the patient precludes the exhibition of a medicine in any other way, as in cases attended with more or less insensibility of the sensorium.

238. Solut. Acidi arseniosi 1 per cent. gtt. iij—v. vel Sol. Fowleri p. j; Aq. dest. p. ij. 0.6—1.0 during the fit. *Asthma*. (p. 11). 8—10 injections suffice. In *Chorea* gtt. iij for child of 4—7 years, every other day; gtt. v: 11—14 years. (15—20 injections per month.)

239. Solut. Acid. carbol. (1.0) 30.0; 1.0 as injection. (Superior to Quinine?) *Intermittens*. (p. 16.) In *Acute Rheumatism (articular)*, *Lumbago* and *Erysipelas*, one syringe-ful near the affected joints once a day of a 2 per cent. solution. A parenchymatous injection of the same strength is employed for inflamed glands and all kinds of tumors.

240. Apomorphin. hydrochlor. 0.12; Aq. dest. 10.0. Per penicillum lanæ vitreæ funde (1.0=0.012). One syringe-ful (0.005) during the aura. *Epilepsy*. Aside from being shortened, the paroxysm, if it should re-appear at all, will be extremely mild—perhaps only a fainting—which may be ultimately cured by using later about 0.0025. (?) 0.006—0.012 in *Croup* or *Diphtheria*. Solutio Apomorph. (gr. j) 3 ijss. Dose, min. v—xx. *Being a prompt emetic, it is especially valuable where insensibility prevents the administration of an emetic by mouth.* See sections III & VII.

A successful use of the hypodermic syringe is only to be expected if the following rules are borne in mind and acted upon:

1. The remedial agent has to be of the greatest purity, hence the necessity of using fresh solutions. The menstruum may be distilled water, or, what is as good, filtered rainwater. If, however, we wish to keep a solution for some time, Bichloride of Mercury in the proportion of 1:5000 as menstruum is sure to prevent decomposition? (By employing Sol. Hydr. bichlor. [0.1] 500.0, we have in 8 drops 0.0001, or 1-600 grain.) Moreover, the solution should be perfectly neutral and always filtered, and

241. Atrop. sulf. gr. j; Aqua pura 3 xv. (10 min. = 1-90 gr.). Dose, min. v—xx. Gr. 1-90 in *Congestion of the brain* (*feeling like a tight band round the head, heavy breathing, eyes bloodshot, etc.*) Gr. 1-30 every half hour in *poisoning by Opium*. (p. 23.) For Atrop. cum Morph. see No. 255b.

242. Caffein. gr. x; Alcohol & Aq. dest. ana 3 jss (1 min. = gr. 1-18). Dose, min. jv—xviiij

243. Camphora gr. v; Alcohol 3 j. Dose, min. vj—xxx. See section II.

244. Chinin. bisulf. 3 j; Acidum boracicum gr. ij; Morph. gr.  $\frac{1}{4}$ ; Aq. dest. 3 j. Gtt. viij = gr. j. *The effect of Quinine hypodermically is about four times greater than when taken by mouth, and in this composition the risk of abscesses at the place of injection is rendered like nil. The Carbamide (1—2:10 Aqua) is said to produce neither an irritating effect.*

245. Chloral. pars j; Aq. pura partes ij. Dose, min. viij—x. *Restlessness.* See page 30.

there will be no danger of inflammatory swellings or abscesses about the part where the injection has been made.

2. The injection should be made where there is the most abundant supply of cellular tissue—abdomen, arm, thigh, back and calves of the legs; and in case of repetition, another spot should be chosen, to prevent irritation of the part. (Bony prominences, inflamed parts and veins are to be avoided.)

3. Before making the puncture, the air contained in the syringe should be expelled, by everting the instrument and pressing the piston just far enough to have at the needle's point a show of the liquid employed.

*Lastly*, having at the place selected drawn up the skin in a tense fold with two fingers, the needle should be thrust as far as possible into the subcutaneous tissue, and the remedy very slowly injected. After withdrawing the needle, it is well to apply the finger over the puncture for a short time, to prevent any escape of the liquid injected.

246. Chloroform. min. v—x in *Neuralgia*, *Nervous Excitement*, *Morbus nauticum*. See section II.

247. Cocain. gr. j; Aq. dest. gtt. x bis die. *Alcoholism*. (*Effect within 5 minutes*.) In smaller doses it is employed in *Melancholia*, *Insanity*, *Chorea gravior*, *Spinal Irritation*, etc. See pages 77, 112 & 115. As anæstheticum gtt. viij of a 4 per cent. solution injected at the anterior and the same quantity at the posterior base of the tumor. *Sebaceous Cyst*. (After 25 minutes a linear incision may be made and the sac pulled out).

248. Coniin. 0.1; Alcohol 10.0; Aq. dest. 40.0. One syringeful(=1.0=0.002). (*This dose double is the strongest to be admitted*.) *Asthma*, *Convulsions*, *Neuralgia*.

249. Daturin. gr. ss; Aqua  $\frac{3}{4}$  j. Dose, min. jv—x.

250. Digitalin. gr. ss; Alcohol, Aq. dest.  $\hat{a}$  3 ij. Dose, min. jv.—viij vel Tr. Digitalis min. x. *Insolutio*. (p. 50.)

251. Duboisin. sulf. 0.05; Aq. dest. 20.0. 0.1—0.3 (=0.00025—0.00075) as injection. Strongest dose: 0.4. *Antidote to Pilocarpin*. See *Hyoscyamus*. (p. 33).

252. Ergotin. gr. xv; Alcohol & Glycerin.  $\hat{a}$  3 ijss. Dose, min. v—xxx. (min. 1 = 1-20 gr.) Extr. Ergotæ fluidum min. x. (p. 65).

253. Sol. Ferri citr. 10 per cent., gtt. xv daily in *Chlorosis* (*if irritable stomach*).

254. Hydrarg. bichloratum 0.25—0.5; Aqua pura & Glycerin.  $\hat{a}$  15.0. Once every third or fourth day in the arm. *Syphilis*.

255a. Sol. Morph. Magendie gtt. x every 8 or 12 hours in *Dysmenorrhœa*. In *Hæmatocœle*, if there be great prostration, it may be repeated in  $\frac{1}{2}$  hour if it fail to give

relief. In *Cellulitis*, *Uterine Colic*, *Pelvic Peritonitis*, etc. Morphium gr. 1-5 in *Gastralgia*, etc. In *Cholera*, if it has been rejected by mouth. See page 38.

255b. Morph. sulfur. gr. xxjv; Atropin, gr. j; Ol. Amygdal. am. æth. gtt. j; Aqua pura  $\frac{3}{4}$  ij. min. x = Morph. gr.  $\frac{1}{4}$ . & Atropin. gr. 1-96. Morph. c. Atropin. is usually dosed in proportions of gr.  $\frac{1}{2}$ : 1-100—gr.  $\frac{1}{3}$ : 1-120—gr.  $\frac{1}{4}$ : 1-150—gr. 1-6: 1-180—gr.  $\frac{1}{8}$ : 1-200, etc.

256a. Physostigma. The Calabar bean has been employed with good effect in *Trismus Neonatorum*: gtt. j—v of Sol. Extracti (gr. ijss: 3 j).

256b. Pilocarpin. gr. 1-5; Aqua gtt. x. 2—3 minutes after the chill has fairly begun. *Intermittens*. Pilocarpin gr.  $\frac{1}{8}$ —1-6; Aqua gtt. x. See Jaborandi, page 50.

257. Strychn. nitricum 0.06; Aq. dest. 7.5.  $\frac{1}{2}$  syringe-ful near the sacrum. *Enuresis nocturna*. (2-4 injections are sure to cure?) Strychn. nitr. 0.1; Aq. dest. 20.0 (1.0=0.005); vel Aq. pura 12.5 (1.0=0.008). Strychnin. nitricum gr. ss; Aqua dest.  $\frac{3}{4}$  ss. Dose, min. jv—xv. See Nux Vomica, section v.

258. Veratrin. 0.1; Acidum aceticum dil. gtt. xij; Alcohol. 2.0; Aq. dest. ad 20.0. See section II. 0.25—0.5—0.75 to be injected. (0.00125—0.0025—0.00375). *Puerperal Convulsions*.

259. Woorara 0.1; Aq. dest. 10.0. Funde per lanam vitream. To begin with 0.15 to 0.2. *Epilepsy*. Woorara 0.3; Aq. dest. 5.0; Acid. hydrochlor. d. gtt. j. For eight injections. *Blepharospasmus*. Woorara gr. j; Aq. 3 iij. Dose, min. v—x. (In *Hydrophobia* 0.2 have been injected within five hours with success). *It may be used until relaxation of muscles ensue*. See Curare, section II.

## CHAPTER III.

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### TOPICALS

Act chiefly locally, though some of them, by being absorbed, will affect organs more or less remote from the place of application.

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### DISEASES OF EYE AND EAR.

260. Solutio Acid. borac. (1.0) 30.0. *Conjunctivitis purulenta.* Acidum boracicum pulv. applied once a day to the lids with a camel's hair brush is excellent in Granular Lids and Trachoma; it is also used in indolent Ulcers of the Cornea. A saturated solution of Boric acid (4 per cent.) is sometimes used as menstruum for Cocaine and other Alkaloids.

261. Solutio Argenti Nitratis (0.03) 15.0. Detur ad vitrum nigrum. Gtt. j to be dropped into the inner angle of the eye bis vel ter die. *Conjunctivitis catarrhalis.* 0.15:15.0 Aqua: To be applied once a day with a camel's hair brush, and to be immediately wiped off with another brush dipped in a solution of Sodii Chloridum. (The surplus of the caustic is thus made inert, forming Argenti Chlorid. which is insoluble). *Gonorrhoeal Ophthalmia.* (If the inflammation be severe, two or three leeches

should be applied to the inner angle of the eye or to the temples and a cathartic given. *In case of pain*, warm water compresses, with laudanum, over the eye will be useful.

262. Atrop. purum 0.05; Aq. dest. 150.0. To apply to cornea every three hours. *Iritis*. Atrop. 0.05—0.2; Ol. Ricini 30.0. *Keratitis*. Atrop. sulf. 0.05—0.08; Aqua destillata 10.0. vel Atrop. 0.1; Glycerol. simplex 20.0. vel Atropin. 0.01; Glycerin. 5.0; Aq. dest. 10.0. vel Atrop. purum 0.1—0.15; Acid. salicylicum 0.05; Aqua dest. 20.0. *Collyrium stillatitium*.

263. Cocain. gr. v; Atrop. gr. ss; Ungt. Petrolei 3 ij. To be applied with a camel's hair brush. *Ophthalmia*. (To relieve pain). Solutio Cocaini hydrochlorati 4 per cent. gtt. j—ij to the inner angle of the eye at intervals of three minutes, as anæsthetic, for the removal of foreign bodies from the cornea. The effect is produced within ten minutes. (A lens of 3-inch focus is required by some for the operation, which is performed best by means of a cataract needle.) See page 115.

264. Extr. Conii 2.0. Aqua destillata 1.0; Glycerolatum simplex 20.0. To rub around the eye. *Photophobia*. Coniinum 0.01; Alcohol dilutus 1.0; Aq. destillata 12.5. *Blepharismus (scrofulous)*.

265. Duboisin. sulf. 0.05—0.08; Aq. destillata 15.0. *Collyr. stillatitium*. (For dilating the pupil it is quicker in action than Atropin. See Hyoscyamus, page 33.)

266. Hydrargyrum amidato-chloratum 0.25—0.35; Unguentum simplex 5.0. Applicatur bis vel ter die. *Blenorrhœa palpebrarum*. Ungt. Hydrarg. rbr. (1:8) 3 i. Ungt. Cetacei 3 ij; vel Hydr. oxyd. rbr. gr. j; Zinc. sulf. gr. ij; Ungt. simplex 3 ij. *Ophthalmia Tarsi*.



267. Hydrarg. bichlorat. gr. j; Ammon. chlor. gr. iv. Aqua  $\frac{3}{4}$  vj. Apply three times a day. *Ophthalmia Neonatorum*. *Conjunctivitis scrophulosa*.

268. Calomel is dusted over the affected part with a camel's hair brush. In *Conjunctivitis phlyctenulosa* *Maculae Corneae*, etc. See Iodine, page 14. Hydr. oxyd. rbr. gr. xv; Tutia gr. vi; Adeps 3 ij. To be smeared in the edge of the lid night and morning. *Albugo*. *Lencoma*.

269. Iodoform., Balsamum peruvianum  $\hat{a}$  f. o. Ungt. Petrolei 4.0. *Conjunctivitis*, *Keratitis*. Iodol. 3 j, Ungt. Petrol.  $\frac{3}{4}$  ss. *Chronic Conjunctivitis*. Iodoform or Iodol dusted over the sore has been lately used in *Ulcus Corneae*. (Iodol is the inodorous substitute of Iodoform, and is said to be superior to the latter. It may be used on tampons for abscesses, etc., in most cases where Iodoform is indicated. See No. 280).

270. Physostigmin. purum 0.01; Sol. Acid. boric. 4 per cent. 100.0. vel Eserin. salicylicum 0.1; Aq. dest. 30.0—50.0. To effect myosis. *Iritis*. Physostigmin like Muscarin causes myosis and ptialism. (Antidote: Belladonna, as in *Poisoning by Mushrooms*.)

271. Strychnin. nitricum 0.1; Glycerina 10.0. vel Strychn. purum 1.0; Ol. Amygdalarum 12.0. Gtt. xv—xx bis die over the eye or forehead. *Amaurosis*.

272. Veratrin. 0.5—1.5; Alcohol. 30.0. *Amaurosis*, *Amblyopia*, *Neuralgia*, etc.

273. Spiritus Vini Gallici  $\frac{3}{4}$  ss; Aq.  $\frac{3}{4}$  iij. *Collyrium*. Liq. Plumbi gtt. xv; Liq. Opii sedat. 3 j; Aq. dest.  $\frac{3}{4}$  vj; vel Sol. Zinci sulf. (gr. j)  $\frac{3}{4}$  j. Alumen, Cuprum sulfuricum, Zincum aceticum (gr. j:  $\frac{3}{4}$  j) make also good collyria.

274. Acid. carbolicum gtt. x; Ol. Succini gtt. v; Ol. Hyoscyami 5.0; Ol. Olivarum 30.0. Guttas aliquot ad aurem bis die. *Partial Deafness, Otalgia, Otorrhœa, Ulcus, etc.* Acid. salicylicum 2.0; Alcohol. 40.0. Aq. dest. 60.0. Applicatur bis die ad aurem. *Otorrhœa.*

275. Pulvis Aluminis blown in the auditory passage once a day is of great value in *Otorrhœa* with *Fungoid Growth*.

276. Solutio Atrop. (0.03:15.0) gtt. iij—v dropped into the ear and allowed to remain there for 10—15 minutes. *Otalgia, especially nocturnal.* (Child under 3 years; when over 10 years 0.1:15.0.) Chloral, Camphora  $\mathfrak{D}$ ij; Glycerin. 3 iij; Ol. Amygdalarum 3 j. On cotton. *Otalgia.*

277. Aq. Calcis & Lac  $\hat{\text{a}}$   $\mathfrak{z}$  j; Tinct. Myrrhæ gtt. xij. *Otorrhœa (inflammatory).*

278. Ol. camphoratum 5.0; Ol. Cayeputi 2.5. *Partial Deafness, Rheumatic Otalgia.* Ol. Camphoræ 15.0; Ol. Amygdalarum 30.0; Liquor Ammon. anisatus gtt. viij. *Hypocophosis asthenica, etc.*

279. Ungt. Hydrarg. nitric & Ol. Amygdal. ana in *Chronic Inflammation of the auditory canal* in children, after cessation of discharge.

280. Iodol. 25.0; Glycerin. 100.0. *Acute Otitis.* See preceding page, No. 269.

281. Sol. Zinci sulfurici 0.05:25.0. *Otorrhœa.* Sol. Potass. Permanganatis 0.1:25.0 (*if fetid discharge*).

282. Tr. Opii 2.0; Ol. Olivarum 8.0. *Otitis externa.* (Besides an emollient poultice—onion or poppies—over the ear, and if necessary two or three leeches round the mastoid process, and perhaps a brisk cathartic.)

DISEASES OF THE AIR PASSAGES AND  
ADJACENT PARTS.

283. Tinctura Catechu 20.0; Tr. Cinnamomi 10.0; Aq. Menth. spirituosa 150.0. 16 c. c. with water as mouth-wash. Tr. Catechu, Tr. Cinnamomi, Tr. Ratanhæ  $\hat{a}$  25.0; Tr. Chinæ 10.0; Tr. Myrrhæ 15.0; Spir. Cochlear. 50.0; Bals. peruvianum 1.0. vel Tr. Catechu 80.0; Tr. Guayaci, Tr. Ratanh.  $\hat{a}$  40.0; Tr. Caryophyll. 30.0; Tr. Myrrh. 160.0; Spir. Cochleariæ 20.0; Ol. Cinnamom. gtt. xx; Ol. Rosarum gtt. j; Alcohol & Aqua  $\hat{a}$  315.0.

284. Borax et Saccharum, ana. A little on tongue bis die. *Stomatitis*. (I use invariably a watery solution, without either saccharum or mel.)

285. Solutio Cocaini 4 per cent. rubbed on the gums twice within three or four minutes will quiet an infant, produce sleep, and even stop diarrhœa. *Teething*. On absorbent cotton, or applied with a camel's hair brush to the mucous membrane of nose and fauces, it is employed in *Catarrh* and *Hay Fever*. (In the asthmatic form it is useless, and better to have at once recourse to Lobelia, Chloroform, Nitre fumigations or inhalations of sedative preparations.) Cocaine applied to the pharynx in *Hysterical Vomiting* frequently gives prompt relief. See pages 77 & 109.

286. Hydrargyrum bichloratum 0.5; Glycerin. 50.0. *Syphilitic Ulcers, etc.*

287. Potassii Chloras et Saccharum, ana. A little on tongue (besides steam, No. 418). *Diphtheria*. Acid. salicyl., Bism. Subnitr. ana. To be blown into the mouth.

288. Solutio Arg. nitr. (gr. v)  $\frac{3}{4}$  j. To be applied once a day. See page 111. (Besides frequent cleansing

of nose with milk or soap and water.) *Ozæna*. Argentum nitricum (᠓j: ̄j). Admovetur ter die ope penicilli camellini vel probong armata spongia durante inspiratio. *Laryngitis* (acute or chronic, ulcer or no).

289a. Acid. carbol. 4.0; Glycerin.; Aqua ̂ 50.0. *Ozæna*. Kali hypermanganicum (gr.ij — v: ̄j,) vel Acidum chromicum 0.3; Aq. dest. 300.0.

289b. Acidum carbolicum et Alcohol ̂ 10.0; Liq. Ammon. 12.0; Aq. dest. 20.0. Wide mouthed bottle of 50.0 should be filled with this to one-third, and then cotton q. s. to suck it up. For smelling in *Catarrh*.

290. Natrum bicarbon. et Borax ̂ 3 ss; Glycerin. ̄j; Aq. font. ̄jv. As spray into the nose. — Sol. Zinci chlor. (gr. ij) ̄j; vel Sol. Zinci sulfo-carbol. (gr. v) ̄j. vel Glycerolatum Tannini (᠓j) ̄j. Apply with a cotton-wrapped probe. *Catarrh*.

291. Sol. Sanguinar. conc. (min. x) to be injected into the substance is said to be specific in *Polypus of Nose*.

292. Iodum 0.12; Pot. Iodidum 2.5; Aq. dest. 30.0. 0.3—0.5, as submucous injection; vel Solutio Kalii iodati 2 per cent. *Hypertrophy of Tonsils*.

293. Tinct. Iodi ̄j ss; Acid. carbol. 3 jss; Glycerin 3 ij. Once or twice a day to the thickened or ulcerated part. *In painful deglutition of Laryngeal Tuberculosis*.

294. Pot. Chloras gr. x; Pot. Permang., Acid. salicyl. ana gr. v; Aqua ̄j. Applicatur ter die. *Diphtheria*. (In Croup, Sore Throat, and other internal inflammations of the throat, Acid. aceticum is sometimes applied by means of blotting paper, cambric or lint as blister.)

295. *Laryngotomy*. In urgent cases, a penknife is

passed horizontally through both skin and cryco-thyroid membrane at once—the latter may be felt as a soft depression an inch below the *pomum Adami*—after which the opening may be enlarged laterally to the required extent.

296. *Catheter in Laryngismus stridulus.* Any catheter may be employed which can be passed through the rima glottidis (moistened with Cocain. 4 per cent)?

297. *Bougie in Stricture of Œsophagus.* The patient sits upright, with the head thrown as far back as possible, and the mouth wide open. A curved bougie, gently warmed and oiled, is passed down the pharynx, taking care that its point slides along the spine. To prevent cough by interference with the epiglottis, the patient should protrude the tongue as far as possible, or perform the act of deglutition, just when the bougie is entering the pharynx. (Cocain may be sometimes of service.)

*A Stomach pump* is managed in the same way. Sometimes a gag is placed in the patient's mouth (especially if he be insane), having a hole for the tube to pass through. Before beginning to pump a pint or two of water should be injected into the stomach, and the pumping water in and out should be repeated until it returns colorless.

298a. *Antiseptic Gargles.* Acidum carbolicum 3j; Glycerin. ʒj; Aqua fontana ʒv. *Scarlatina.* Sol. Kali hypermanganici (gr. x) ʒv. *Fetid Breath.* Iodum 1.0; Pot. Iodid. 2.0; Aq. dest. 200.0. *Salivatio mercurialis.* Sol. Hydrargyr. bichlor. (gr. ss) ʒij; Aq. Calcis ʒvj. *Diphtheria.* (The sublimate is used on account of its parasiticide properties, and the lime-water for its dissolving action upon the membrane.)

298b. Solutio Acidi carbolici (℥j: ℥ vj) will suffice in mild cases of *Diphtheria*, without any other medication. It has to be used every half hour until the redness diminishes, when it must be employed lukewarm, whilst every two or three hours Priessnitz's compress (which has to be warm also, when the inflammation becomes less) is applied to the throat: A linen handkerchief or rag, folded about four times and dipped in cold water, is put around the neck (not dripping wet) and covered with oiled silk or some woolen cloth, that by overlapping it on both sides will prevent evaporation.

299. *Astringent Gargles.* Acidum tannicum ℥j; Spir. Vini Gallici ℥ ss; Glycerin. ℥ j; Aq. Camphoræ ad ℥ viij. *Relaxed Throat.* Alum. 3 j; Acid. sulf. d. ℥j; Dec. Cinchon. ℥ vj. vel Kali chloricum 3 j; Tr. Ferri chlor. ℥ij; Glycerin. ℥ j; Aq. font. ℥ vij. *Scarlatina.*

300. *Cooling and Sialogogue Gargles for Acute Inflammations.* Acid. hydrochlor. dil. 3 ss; Glycerin. ℥ j; Aq. font. ℥ vij. Pot. Chloras, Pot. Nitras, vel Borax 3 j; Aq. font. ℥ viij. *Scarlatina, etc.*

301. *Stimulating Gargles.* Tr. Capsici 3 j— 3 ij, vel Tr. Pyrethri 3 iiij; Aq. font. ℥ viij. *Acute Pharyngitis.* Acid. nitricum gtt. jv; Glycerin. ℥ j; Aq. font. ℥ iiij. As gargle or spray. *Hoarseness.*

302. Acid. carbol. 3 ss; Pot. chlor. 3 ij; Glycerin. ℥ ij; Aq. font. ℥ vj. To be inhaled from a hot plate *ter die.* *Pertussis.\** Solutio Acidi carbolici (gr. ij — ℥j) ℥ j. Per atomizer. *Pulmonary Gangrene, Phthisis.*

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\*Inhalations of any kind should not exceed ten minutes at a time, and the first sittings may be from five to eight minutes. Moreover, they should never be performed after a full meal, and

303. Solutio Tannin. (gr. ij—ʒj) ʒj. Per atomizer. *Chron. Catarrh, Laryngeal Ulceration, Œdema Glottidis.*

304a. Æther. chlor. q. vis, from a handkerchief. *Dyspnœa (Phthisis).* Æth. sulf. in *Emphysema senilis.*

304b. Æther. p. jx; Chloroform. p. 1. An anæstheticum. Some use a mixture of Ether, Chloroform and Alcohol; and Ether pure to continue the anæsthesia during the operation. (As a rule Ether is safer than Chloroform; but it is contra-indicated in Kidney diseases, Pneumonia and Bronchitis. In valv. lesions either are contra-indicated, unless there is compensating enlargement. In fatty or weak heart they are also objectionable, though Ether less than Chloroform. In operations, as Kelotomy, those involving the peritoneum, and the removal of deep-seated tumors in the vicinity of large vessels, Chloroform is preferable). In any case, respiration, pulse and pupil should be watched, and after insensibility of the conjunctiva is established, its administration should be regulated by the state of the pupils, *i. e.*, the pupils should remain contracted, and only when they dilate, the anæstheticum should be reapplied, bearing in mind *that a sudden dilatation of the contracted pupil during the application of Chloroform denotes danger.* If there is fear or nervous depression, the administration of Chloroform should be preceded by a stimulant and a little morphine.

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the patient should not expose himself to the fresh air before an hour after the operation. No more than five to eight inspirations per minute should be made, the depth of which have to be regulated according to the distance of the air passages to be reached.



305. Sol. Aluminis (3 j)  $\frac{3}{4}$  ij. To be inhaled for five minutes from a hot plate. *Hæmoptysis*.

306. Solutio Ammonii chlorati (gr. ij—x)  $\frac{3}{4}$  j. Per atomizer. *Laryngeal Catarrh*.

307. Aq. Amygdalar. amar. conc.  $\frac{3}{4}$  j. Per atomizer, several times a day. *Cough*.

308. Amyl. æther. nitr. et Alcohol.  $\hat{a}$  2.5. Gtt. v—x to be inhaled from handkerchief. *Angina pectoris*, *Dyspnœa*, *Neuralgia*, *Spasmus Glottidis*, *Epilepsy*, etc.

309. Solutio Argenti nitrici (gr. ss—x)  $\frac{3}{4}$  j. Per atomizer. *Pharyngitis*. The small dose in the follicular and the large dose in the ulcerative form.)

310. Liq. Pot. arsen. gtt. j—x; Aq. destillata  $\frac{3}{4}$  j. Per atomizer. *Nervous Asthma*. Sometimes the fumes of burning writing paper, which has been imbued with Sol. Fowleri 1.0 (gtt. xvij) and dried, gives relief.

311. Aq. Asæfætid.  $\frac{3}{4}$  j. Per atomizer. *Asthma*, etc.

312. Extr. Bellad. 0.025; Pot. Bromidum 4.0; Liq. Ammon. Acet. 5.0; Aq. dest. 60.0. To be inhaled ter die from a hot plate until dilatation of pupil. (A two or three days' cure?) vel Sol. Kal. brom. 4—5 per cent. Gtt. xx ter die as inhalation. *Pertussis*.

313. Bromum (gtt. jx), Pot. Bromidum 0.3; Aqua dest. 150.0. On a sponge or cotton in a tube of paraffine paper, to be placed before nose and mouth for five to ten minutes, and hourly repeated. *Croup*, *Diphtheria*.

314. Camphora 3 j; Æther sulfuricus  $\frac{3}{4}$  ss. A few drops to be inhaled. *Cephalalgia nervosa*.



315. R Extr. Cannab. fl. gtt. j—jv, vel Tr. gtt. x—xx; Aq. dest. ʒj. Per atomiser. *Irritating Cough.*

316. R Chloroform. part. v; Ol. Terebinth. pars j. Anæsthetic. (Ol. Terebinth. is said to prevent Œdema. Antidote: Pulv. ærophor. As an Emetic. Amyl or Ammonia to smell at.) Chloroform. gtt. iij—jv at the time. *Trismus nascentium.* See No. 304.

317. R Sod. chlor. gr. v—x; Aq. font. ʒj. Per atomizer. Expectorant. Liq. Sod. chlor. ʒss—j; Aq. font. ʒj. *Phthisis.* (If breath or expectoration offensive.)

318. R Cocain. gr. viij; Pot. chlor., Aq. Amygdal. am. ā ʒj; Aq. dest. ʒviiij. From a hot plate bis die for a few minutes. *Pertussis.*

319. R Extr. Conii fl. gtt. v—xv; Aq. font. ʒj. Per atomizer. *Cough (Phthisis).* Vel: Extr. Hyoscyam. fl. gtt. v—xv; vel Morph. sulf. gr.  $\frac{1}{6}$ .

320. R Tr. Ferri chlor. ʒj, vel Liq. Ferri sub-sulf. ʒss; Aq. font. ʒj. Per atomizer. *Hæmoptysis.*

321a. R Tr. Iodi, Chloroform. ā 10.0; Acid. carbol. gtt. xv. Gtt. v from a glass tube placed in hot water to be inhaled bis die by the nose. *Nasal Catarrh.* (A one day's cold cure?)

321b. R Sol. Pot. iod. (gr. ij—xx) ʒj. Per atomizer. *Emphysema., Chron. Bronchitis.*

322. R Ol. Junip. Bacc. ʒss. To be dropped on a sponge dipped in hot water and squeezed for inhalation ter die. *Dropsy.* (Where the state of the stomach precludes the internal use of diuretics.)

323. R Inf. Picis. liq. ʒj. Per atomizer. *Gangrene.*

324. ℞ Ol. Terebinth. gtt. ij; Magn. carb. q. s.; Aq. font. ʒj. Per atomizer. *Bronchitis, Emphysema.* Vel: Ol. Terebinth. q. v.; Aq. bulliente q. l. *Gangrene.*

325. ℞ Sol. Sod. nitr. (10.0) 40.0. Liquore plagulæ quatuor ad quinque chartæ bibulæ imbuantur et calore non adhibito siccentur. *Asthma.* ( $\frac{1}{6}$  sheet to be burnt at the time.)

## DISEASES OF MALE GENITALS, ETC.

326. ℞ Bism. nitr. 15.0; Aq. dest. 200.0. Injiciatur ter die.\* *Gonorrhœa (secundaria.)*

327. ℞ Acid. carbol. ʒj; Glycerin. ʒss; Aq. font. ʒvj. As injection in *Gonorrhœa*; as lotion in *Chancroid.* Sol. Acid. carbol. (gtt. j) ʒj; Alcohol. gtt. ij. Gtt. x—xx as injection in *Bubo.* (It must be injected deep into the bubo, and pain and inflammation will rapidly subside?)

328. ℞ Sol. Acid. chrom. (0.3) 300.0. Injection. *Gonorrhœa.*

329. ℞ Calomel. ʒj; Aq. Calcis ʒvj. *Blackwash Chancroid.* (If the chancroid be under six days old, Nitr. acid is preferable; but this has to be done carefully, with a pointed stick—like a match, for instance.)

330. ℞ Sol. Cocain. 4% gtt. x; Aq. dest. ʒss. To be injected. *Chordee.* A solution of this strength is sufficient to render the introduction of a catheter painless;

\* *The injections* must be made *after* urination, and may be done as often as 4 times a day, each time keeping the liquid in contact with the sore for about one minute, by holding the penis upwards.

and a 4 per cent. solution, undiluted, is very valuable in cauterization and excision of *Condylomata*. In operating on *Stricture*, 3ss may be injected in three doses, at intervals of ten minutes, each time to be retained a little. Then the urethrotome may be introduced, and the canal cut to No. 40 of French scale if necessary (from  $3\frac{1}{2}$  inches back of meatus to corona).\*

In *Phimosis*, as hypodermic injection of 12m. at the dorsal base of the penis, and after 15 minutes 5m. more if necessary. The operation may be commenced as soon as the penis has turned dumb, cold and blue, using a clamp. Hemorrhage will be but little, as the hæmostatic action of Cocain is very marked. (Or the solution may be painted over the external surface of the foreskin and over the mucus membrane several times within half an hour, by means of a camel's hair brush.) See No. 263.

331. R̄ Sol. Ferri et Pot. tart. (20.0—30.0) 200.0.  
As lotion. *Phaged. Chancre*. Vel: Iodol, see No. 269.

332. R̄ Tr. Iodi, Aq. dest. ā 3j—5ij. Injection.  
*Hydrocele*. The tumor is grasped from behind and a trocar passed into it, taking care to point the instrument after penetration upwards, to prevent wounding of the testicle. Now the canula is pushed well into the sac, to allow the fluid to escape. This dose is injected by means of a glass syringe, the nozzle of which is made to fit the canula.

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\*ASPIRATION OF THE BLADDER IN *Stricture from urethral or prostatic disease*. The puncture of the bladder must be made at the most prominent and tense part of the tumor, and exactly in the median line. (Once or twice a day until the urethral passage is re-established.)

333. R Tr. Opii ʒj; Pot. brom. ʒj; Glycerin. ʒss; Aq. font. ʒijss. Four injections daily. *Gonorrhæa*. Vel: Liq. Ferri dialysati ʒss; Aq. dest. ʒss—ʒj. Vel: Extr. Hydrast. fl. ʒij; Aq. font. ʒjv. Injiciatur bis die.

334. R Sol. Pot. permang. (gr. x) ʒv. *Gonorrhæa*. If chronic, gr. v—x : ʒj. The same strength may be used in *suppurating Bubo*, after having drawn off the contents with an aspirator, if it be still intact.. See page 82.

335. R Sol. Resorcin. 5 per cent. Two to three injections. *Cystitis*. If chronic, 5—10 per cent. (397.)

336. R Sol. Zinci chlor. (0.2—0.4) 100.0. As injection. *Gonorrhæa*. Vel: Sol. Zinci sulfo-carbol. (gr. xv) ʒviiij. Vel: Liq. Plumbi ʒj; Zinci sulf. gr. x; Aq. font. ʒviiij. Vel: Liq. Plumbi, Spir. V. Gall. ā ʒj; Aq. dest. ʒviiij. Vel: Zinci sulf. 0.2; Alumin. 1.0; Aq. dest. 100.0, tum adde Sol. Tannini (1.0) 100.0.

## DISEASES OF FEMALE GENITALS, THE WOMB, ETC.

337. R Sol. Acid. carbol. (ʒj) Oj. As wash in *Pruritus Vulvæ*. Vel: Sol. Zinci sulfo-carbol. (ʒj) ʒij. Vel: Infus. Tabacci. Vel: (Acid. carbol. ʒj), Plumbi acet. ʒj; Tr. Opii ʒij; Aq. font. ad Oj. Lead and opium wash. Dossils of lint soaked in it and placed in the vulva. *Vulvitis*.

338. R Sol. Zinci sulf. (ʒss) ʒv. As wash. *Leucorrhæa of children*. (The vulva has to be bathed twice a day, after having washed it with soap and water.)

339. R̄ Hydr. bichlor. 3 ss.; Tr. Opii ʒ j; Aq. font. ʒ viij. To be applied bis die. *Pruritus Vulvæ*. Camph. 3 j; Amyli 3 v. Apply once a day. *Pr. pudendi*.

340. R̄ Acid. tannic. 3 ss; Bism. nitr. 3 j; Opii gr. x. To be dusted over the sore. *Chancroid*. Vel. Pot. permang (334). Cupri acet. v. Alum. usti, Sabin. p. ā ʒj. To be dusted over the excrescences once a day. *Condylomata*. *Vaginitis* from warts.

341. R̄ Alum. p. q. v. In a linen bag placed in contact with the Cervix, and held in place by a tampon (369). *Metrorrhagia* (*Cancer*). Vel. Tannin 3 ij, applied dry.

CATHETER IN RETENTION OF URINE.—The instrument is to be introduced in an oblique direction from without inward in the urethra of a *healthy, unimpregnated* woman; but in *certain diseases*, or the *latter stage of pregnancy* the other extremity of the catheter must be depressed as soon as it enters the meatus, the urethra, on account of the ascent of the uterus having become nearly perpendicular, so as to pass along the internal surface of the *symph. pubis*. In case of retention of urine, when arising from undue pressure against the neck of the bladder by the *gravid* uterus, where in spite of the removal of this pressure by the elbow and knee position, the urine can not be voided, the catheter will enter with more facility than in any other position.

*In every case of disease, with or without hemorrhage*, unless the cause be palpable, it is advisable to examine systematically the entire uterus and its surrounding tissues in the following manner: 1. The cervix should be

342. R̄ Sod. chlor. p. j; Aq. frigore concret. p. ij. In a linen bag, to be carried up to the ulcerated surface by means of a speculum. *Carcinoma*. (After removal the pain begins again.)

343. R̄ Sol. Arg. nitr. (gr. x) ʒj. To be applied every other day. *Vulvitis follicul. et purulenta*. ½ dr. to 1 oz. in *Endometritis*. 1 dr. to 1 oz. applied to vagina by means of a sponge-probang, after having cleansed it, once a week. *Leucorrhœa*. (Afterwards a Glycerine-tampon [369] for 24 hours.) Arg. nitr. in baculo, applied to erosions, ulcerations, etc., of the *Os* about once a week, is the best and most simple procedure; every application should, however, be followed by the salt-wash (261), and it should be, moreover, covered by a Carbol-tampon, saturated in Glycerine (369), or it may be protected by a coating of stypt. Collod. (415).

investigated by touch, the speculum and the uterine probe. 2. The uterus and the whole pelvis should be examined by conjoined manipulation, palpation and rectal touch. 3. The cervix should be dilated by tents, and the cavity of the body explored by the introduction of the index finger, by the sound and the curette. (It will require generally three and even four tents to open the cavity of the body fully to the finger.)

The examination may be made on a table, covered with a blanket, shawl, or rug of some kind, and provided with a small pillow. Should it be necessary to employ a bed, the leaf of a dining table or a wide board may be slipped across the mattress, under the upper sheet and covering, so as to get a hard surface to lie upon.

344. R Sol. Acid. chrom. (3j) 3j. *Endometritis*.  
½ oz. to 1 oz. to destroy the glands of the cervical canal.  
*Cystic Degeneration*. Vel: Hydr. nitr. acid. vel Sol. Zinci  
chlor. (3j) 3j.

345. R Liq. Ferri persulf. 3j; Glycerin. 3j. To be  
applied twice a day (besides dusting with Amylum, Bism.  
or Lycopod.) *Vulvitis follicul. et purulenta*.

346. R Plumb. acet. 3j; Acid. hydrocyan. dil. 3ij;  
Cacao 3j. Apply after having washed the part with cold  
water. *Vulvitis* (if *Pruritus*). Borac. v. Plumb. acet. 3ij;  
Glycerin. 3j, by means of vaginal tampon (369).

347. R Hydr. bichlor. gr. ij; Aq. Calcis 3j. *Con-  
dylomata*. Vel: Cupr. sulf. in baculo. To be applied  
every five or six days — Cupr. sulf. p. x; Borac. p. ij;  
Pulvis subtilissimus c. Aq. font. fiat massa ex qua  
formatur bacillæ.

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In a first examination the patient should *always lie upon her back*, with the buttocks very near the edge of the board, the clothing *loose* around the waist, and the knees drawn up to relax the abdominal walls. When small tumors exist *behind* and *disconnected* with the uterus, or where enlarged or prolapsed ovaries are to be sought for, or in case Sim's speculum or one of its modifications should be necessary, the patient should be placed in Sim's position, that is, on the left side, in such a way that breast and stomach are *inclined* towards the plane of the table. The left arm must be drawn *behind* the patient, so as to let her rest on the left side of the *chest*, and the right leg be so flexed as to let the right knee lie just *above*

348. R̄ Tr. Iodi, Glycerin. ā ʒij. *Granular Degeneration.* Vel: Tr. Ferri chlor. ʒij; Aq. font. ʒj. To be applied once or twice a week. Iodoform. gr. xv; Pot. iod., Glycerin. ā ʒij; Alcohol ʒvj. Twice a week to cervix. *Cervical Hyperplasia.*

349. R̄ Zinc. chlor., Aq. dest. ā q. s. To touch the affected part once a day; and every 3 hours a douche to the vagina. Afterwards an occlusion-pad (371). *Puerperal Diphtheria.* (A suppository of Iodoform [374] in rectum will be of service; and, if the uterus be affected, a warm intra-uterine injection of Sublim. [397] must be made.)

350. R̄ Ungt. Atrop. (gr. ij) ʒj. To be applied to the vaginal wall in *Congest.* and *Nerv. Dysmenorrhœa*, *Vaginismus*, etc. Vel: Ungt. Bellad. (ʒj) ʒj, vel Ungt. Hyoscyami, Opii, Stramonii, etc. Ungt. Atrop. is also valuable in *Pruritus Vulvæ*.

the left—the lower trochanter must be by two or three inches nearer the examiner than the upper, or the use of a speculum will not be successful.

*Speculum.* With the exception of Thomas' telescopic speculum, cylindrical instruments render, on account of their length, *probing* through them, or an examination by *touch*, quite impossible; as in anteversion it is as difficult to get the cervix into the field, as it is to carry applications to the fundus. It will be best in most cases to employ Sim's speculum, (if there can be had an assistant) or, what may be still better, a modification of the latter. If a cylindrical or valvular speculum is used, the patient lies on her back, whilst the physician sits on a chair.



351. R Bism. nitr. ʒj; Acid. oleic. ʒj. Solve leni calore, tum adde Ungt. Petrol. ʒj. To be applied on cotton. *Ulceration of Os.* Vel: Iodof. ʒj; Acid. oleic. ʒj.

352. R Ungt. Creosoti ʒj. Applicat. mane nocteque. *Pruritus vulvæ.* Vel: Ungt. Chloroform. vel Chloroform. ʒj; Ol. Amygdal. ʒj.

353. R Ungt. mercurial., Ceræ flavæ, Adip. suilli, ā ʒss. To lubricate the os uteri bis die, whilst the abdomen is rubbed once a day with the following: Iodi gr. v; Pot. iod. ʒj; Ungt. mercurial. ʒss; Axung. Porci ʒj. To check the growth of *Fibrous Tumors.* Ungt. Calomel. (ʒj) ʒj. *Condylomata.*

354. R Iodof. ʒss; Cacao ʒj. To be introduced into the womb by means of an applicator. *Endometritis.* Vel: Cacao in *Subinvolution.* (The applicator—a silver tube of  $\frac{1}{8}$  inch diameter, and 8 inches long—is filled by forcing it into the mass for about  $2\frac{1}{2}$  inches, and then discharged into the uterus.)

355. R Acid. salicyl., Ungt. Petrol. ā ʒss. On a sponge-tent of one inch, to be introduced into the cervical canal—to remain for 12 hours—twice a week. *Cerv. Endometritis.*

The finger, having been thoroughly lubricated with soap, is now passed into the vagina to ascertain the position of the cervix, after which the speculum may be well oiled and gently inserted.

*The Sound.* While the patient lies on her back, the position of the uterus, resp. the direction of the cervical canal must be ascertained by passing the finger first into the fornix vaginæ, over its posterior surface, and then along the base of the bladder, over its anterior

356. R Extr. Bellad. gr. j; Sapon. gr. iv; Cacao ʒss. As suppository at night. *Vaginismus*. Vel: Iodof. i.o, Cacao 25.o. *Anoayne*. Vel: Extr. Bellad. gr. v; Acid. tannic. ʒij; Cacao ʒj. Suppositoria 20. One at night. *Pruritus Vulvæ*.

357. R Zinc. oxyd. gr. iij; (Extr. Opii v. Bellad. gr. j); Cacao ʒss. As vaginal suppository, once or twice a day. *Granular degeneration*. (Instead of Zinc may be used Alum gr. iij, Plumb. acet. gr. v, Tannin gr. ij, Ungt. mercurial. gr. x, etc.)

358. R Tr. Opii ʒj; Glycerin. ʒij; Aq. calid. Cij. Emollient vaginal injection, to be used daily for 20 to 30 minutes. *Vaginitis, Hyperplasia*. Other emollient injections are: Dec. Amyli; Dec. Hordei; Dec. Ulmi; Inf. Conii; Inf. Humuli; Inf. Hyoscyami; Inf. Lini; Aq. Calcis; Aq. Picis, etc. (In *Subinvolution*, 1½ gall. hot water—120° to 125°—against the cervix, will stimulate and thus produce absorption of the redundant tissue.)

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wall. The speculum is then introduced, the patient retaining the dorsal decubitus, if a short cylindrical instrument be employed; and being turned on the left side if Sim's or one of its varieties be used. As the probe will only pass if it has been properly curved, it must be bent again and again, until the direction of the canal is fully discovered (sometimes the inflection given to the sound must be the arc of a small circle; sometimes a sharp angle; sometimes even a spiral twist is required).

*Tents*. As a general rule, laminaria (sea-tangle) tents are preferable to sponge tents, as they do not become

359. R̄ Zinc. sulf. ʒj; Glycerin. ʒj; (Tr. Opii ʒss-j;) Dec. Hordei v. Aq. calid. Cj. Astringent injection, to be used daily for 10 to 20 min. *Granular Degeneration, Pruritus Vaginæ*. (Zinc. sulf. may be replaced by 2 dr. of Alum, Plumb., or Tannin.)

360. R̄ Acid. tannic. ʒj; Glycerin. ʒiv. ½ oz. to 1 litre of tepid water morning and night. *Leucorrhœa*. Vel: Liq. Ferri dialysati p. ij, Aq. font. p. j. Tannin. ʒss; Morph. gr. ij; Glycerin. ʒiv. On cotton (369) after having painted the vagina with Arg. nitr. (343). *Vaginitis*.

361. R̄ Ferri sulf. ʒj; Dec. Quercus Oj. 2 oz. to be injected bis die. *Prolapsus Vaginæ*. (The iron may be replaced by Alum. et Zinc. ā ʒj.) In *Gonorrhœa* Mangan (334), or Phenol (327), or 1 dr. of Alum or Zinc to one quart of water daily.

362. R̄ Acid. nitr. d. ʒj; Aq. font. Oj. in mucous and muco-purulent discharges of *Carcinoma*.

putrid like the latter, and may therefore be retained for 24 hours and more.

They may be medicated with Morph., Iod. or anything soluble in water (they do not absorb alcoholic solutions or Glycerine), and then dried again to be kept for use. It will be, however, advisable to steep them before use in a solution of Carbolic acid or some other antiseptic. Though they rarely produce any pain or irritation if just before introduction placed for a few minutes in warm water to soften them, it is better to insert *several small* tents than *one* large one, as the small ones expand more rapidly than a large one.

If the uterus be low in the pelvis and its neck dilated,

363. R Sol. Alum. (gr. xij) ʒiij. *Cauliflower (serous discharge)*. Vel: Liq. Ferri perchlor. ʒij; Aq. font. ʒij. vel Inf. Matico; vel Tannin. If *fetor*: Sol. Calc. chlor. (ʒij) Oj. vel Dec. Carotæ. vel Creosoti ʒj; Dec. Lini Oj.

364. Sol. Arg. nitr. (ʒj) ʒiv. One syringeful every 2 or 3 days. *Urethritis*.

365. R Tr. Opii ʒss; Aq. tepid. ʒjss. *Carcinoma* (if pain), vel Chloral. ʒss; Aq. font. ʒss. To inject at night, *Vaginismus*. Vel: Pot. brom., Chloral. ā gr. xv; Aq. font. ʒss. On cotton, by speculum. (It has to be retained by a tampon of dry cotton, with a thread for removal—369.) *Neuralg.* or *Congest. Dysmenorrhœa, partial closure of Os.*

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a tent may be held in the bite of any pair of uterine dressing forceps and slipped in without the speculum, the woman lying on her back. In ordinary cases they may be introduced through the *short* cylindrical speculum, though in all cases it is most easily done with Sim's: The uterus being fixed and held by a tenaculum, the tent, grasped by a pair of mouse-tooth forceps, is directed in coincidence with the axis of the uterus, as ascertained by the probe, and gently pushed through the cervix.

The patient has then to remain in bed until its removal, which is done after from 12 to 24 hours by traction upon the thread attached to it (the cord should always be fastened at the upper extremity of the tent and passed through it).

As this mode of diagnosis and treatment is more or less dangerous, the following rules should be observed: 1, No force whatever should be employed, and, should the tent not pass the *os internum*, it either should be bent so as to follow more accurately the cervical canal, as

366. R̄ Liq. Ferri perchlor. ʒss; Aq. font. ʒij. 2 syringefuls, and, if necessary, to be repeated. *Carcinoma* (if *Hemorrhage*). Vel: Liq. Ferri persulf. p. j; Aq. font. part. iv, with a tampon, which fills the vagina (by speculum); vel Sol. Zinci sulf. (ʒj) ʒxij, as injection.

367. Sol. Ferri persulf. p. j; Aq. font. p. ij. Vel: Tr. Iodi for injections of the uterus, *after dilatation* of cervical canal. In *serious cases* of *Metrorrhagia*.

368. Acid. carbol., Alcohol. ā ʒj to a quart of hot water as injection of the uterus. *Flooding* from *Abortion*.

369. *Carbol-Tampon* and *Pessary*: A wad of absorbent cotton—prepared of fine cotton having been immersed for about 3 days in a conc. sol. of Bicarb. of Soda, squeezed and washed repeatedly in clean water, and dried in the sun—is dipped in Sol. Acid. carbol (gr. x) ʒxij, and may now be used, saturated in Glycerine or medicated. (It acts at the same time as local hydragogue, disgoring the tissues.) *Uterine Displacements*, *Granular Degeneration*, *Vulvitis*, etc.,—most valuable after the application of *Caustics* to *cervix* and *vagina*.

ascertained by the probe, or exchanged for a smaller one. 2, It should on no account be introduced at the physician's office, as the patient has to be confined at once to the recumbent position. 3, A tent should never be used where there has been chronic pelvic peritonitis. 4, It should not be allowed to remain in the uterus more than 24 hours, when the vagina should be washed out with an antiseptic lotion, and, if any pain, chilliness or discomfort follow, Opium should be given freely and perfect rest enjoined. 5, The patient should remain in bed for at least 24 hours longer, even if there be no pain, etc.

370. *Tampon* in *Hæmorrhage* from *Abortion*, etc., a piece of cloth or lint of about 6x6 inches, dry or soaked in Glycerine, is centrally to be placed over a finger or catheter, and thus introduced into the cervical canal. Then the finger having been retracted, the points of the four corners of the linen must be pushed likewise into the canal. This procedure has to be repeated with one or two pieces more until the desired object is obtained.

371. *Occlusion-Pad* for *Lying-in-women*. Absorbent cotton wet with Sol. Hydr. bichlor. (gr. ij) ℥viii is placed over the vulva and covered with oiled silk; on this is put another layer of absorbent cotton, and a piece of muslin to be attached to binder. *Prevention of Diphtheria*.

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## DISEASES OF THE RECTUM, ETC.

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372. Acid. carbol., Ol. Olivar. ā ℥ss; Iodof. vel Morph., vel Chloral, q. v. As injection into the substance. *Hæmorrhoides*. Or the surface of the protruded piles being wiped with lint, a portion of it, (the size of a 5-cent-piece,) is dapped with a wooden stick dipped in conc. Nitric or Carbol. acid. When this has taken effect, any superfluous acid is to be mopped up, some ointment or grease applied, and the parts returned. The patient should keep in bed and the bowels not disturbed for 48 hours. When the slough caused by the acid separates, the surface generally cicatrizes speedily, and leaves the part brazed up and healthy.

373. Extr. Hyoscyami 1.0; Extr. Opii 0.5; Aq. font. 5.0. Solve, tum admisce Glycerolat. simpl. 60.0. Applicatur bis die. *Piles.* Vel: Iodof., Bals. peruv. ā 1.0; Ungt. Petrol. 4.0. Zinc. oxyd. 5 0; Glycerolati simpl. 25.0. *Fissura Ani*, etc.

374. Iodof. gr. xv; Cacao gr. x. F. supposit. *Diphtheria puerperal.* Iodof. 3ss; Cacao 3jss. Div. in 6 suppositoria. One every night, alternately in vagina and rectum. *Uterine Excitement; Ovarian Dysmenorrhœa.* Vel: Iodof. 2.5; Cacao 40.0. F. 10 supposit (354 and 356).

375. Extr. Bellad. gr. ss; Opii gr. j—iij; Cacao ʒj. F. supposit. *Oxaluria* (if pain). Vel: Extr. Conii gr. ij; Extr. Hyoscyami gr. iij; Cacao ʒj. Vel: Extr. Bellad. gr. j; Opii gr. iij; Asae foet. 3ss; Cacao 3jss. F. 6 supposit. *Uterine Irritation; Dysmenorrhœa membr.* Vel: Extr. Bellad., Morph. ā gr. ij; Cacao 3ij. F. 6 supposit. One every 4 hours until pain subsides. *Abortion.*

376. Ungt. Hydr. nitr. gr. ij; Cacao 3ss. F. 6 supposit. One at night. *Oxyuris.* Vel: Inf. Absynth. v. Quassiæ 5ij. As enema. *Trichocephalus.* Vel: Sol. Acid. carbol. (ʒj) 5ij; v. Acet. Vini as injection.\*

*Enemata.* Independent of their employment in womb and rectal diseases, they are of much use in hastening the action of *Cathartics*, taken by mouth, or in the removal of feculent accumulations in the rectum. They relieve, moreover, frequently *tympanitis*, and for the purpose of *revulsion* they are most valuable, to say nothing of their value in alimentation in cases of irritable stomach.

377. Tr. Ferri chlor. ʒij; Aq. Calcis ʒjv. Half the dose each time for 2 consecutive nights to be injected and followed the next day by a Cathartic. *Ascarides*. Vel: Syr. Allii, Ol. Terebinth. ā ʒss; Inf. Lini ʒvj. As enema.

378. Tr. Kino, Tr. Catechu ā ʒss; Tr. Hyoscyami ʒj; Aq. font. ʒij. ʒj—ij to be injected twice a day, after having returned the part by pressure with an oiled sponge. *Prolapsus Ani*. Vel: Tr. Ferri chlor. ʒss; Inf. Quass. ʒviiij. Also of use in *Invagination* of rectum.

379. Chloral. gr. iij—viiij; Muc. Acac. ʒj. As enema. *Infantile Convulsions*. *Uræmic Coma*. Vel: Acet. Vini, Aq. font. ā ʒss, as *revulsive*; vel Ol. Olivar., Aq. tepid. ā ʒss, to maintain a soluble state of the bowels after having given a purgative. *Convulsions* from teething.

380. Spir. Vini Gall. ʒss; Inf. Theæ ʒij. To be injected every half hour. *Asiat. Cholera*. Sp. Vini G. ʒj; Aq. font. ʒss. As enema during the fit. *Laryngism. stridul.*

381. Tr. Opii ʒss—ij; Sol. Amyli ʒiiij. To be injected directly after evacuation and repeated once or twice if it be quickly rejected. *Dysentery*; *Sporadic Cholera*. Tr. Opii, Tr. Asæ foet. ā ʒj; Dec. Amyli ʒiiij. As enema and to be repeated after one hour if necessary. *Colic*. Tr. Opii gtt x; Tr. Bellad. gtt xx; Tr. Asæ foet. ʒij; Aq. tepid. ʒiiij. As enema to be retained. *Membr. Dysmenorrh.* Tr. Opii gtt xx vel Tr. Hyoscyami ʒj; Aq. tepid. ʒiiij. As enema every night until quickening. To *prevent Abortion*.

382. Sol. Acid. carbol. (0.15—0.2) 150.0. As enema. *Diarrhœa* and *Rectal Diseases* (children 0.05: 120.0).



383. Ext. Ergotæ fl. 3 ij; Aq. font.  $\frac{3}{4}$  ij. As enema. *Ulcus stomachale.*

384. Sol. Chinini bisulfurici v. Chin. hydrochlor. amorph. as enema. *Intermittens, etc.* See page 11.

385. Ol. Ricini  $\frac{3}{4}$  ij; (Ol. Tigllii gtt. jv;) Kali carb. gr. xv; Sapo 3 j; Aq. fervida Oj. *Apoplexy.* Ol. Terebinth.  $\frac{3}{4}$  j; Muc. Acac.  $\frac{3}{4}$  ij; Dec. Hordei Oj. *Insolatio.* Ol. Terebinth. 12.0; Camphora 1.5; Ol. Olivar. 60.0; Vitellum Ovi 1; Dec. Hordei 300.0. For 2 or 3 enemata. *Tympanitis.* Syr. commun, vulgo Molasse, Ol. Olivar.  $\frac{1}{2}$   $\frac{3}{4}$  ij; Sapo. q. l.; Aq. tepida Oj; vel Sol. Sod. Chlor. (3 ij)  $\frac{3}{4}$  jv. As derivative. *Scarlatina.*

386. Aq. fervida  $\frac{3}{4}$  viij—Infusum Sennæ ( $\frac{3}{4}$  ss) Oj. vel Sol. Magn. sulf. ( $\frac{3}{4}$  ij) Oj. *Purgative.*

387. Pepton. p. j; Aqua fervida p. ij. As enema. Scraped meat 5 oz.; finely chopped pancreas  $1\frac{1}{2}$  oz.; water 3 oz. Nutrient enemata may be composed of very strong beef or mutton broth, (not to exceed 4 ounces) without salt or spice. They should be preceded by a large enema to clean the bowels; and if the rectum will not retain them a little Laudanum may be added.

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## SKIN DISEASES, ETC.

388. Ferrum sulf. 0.4; Natrium chlor. 10.0; Aqua 100.0. vel Fol. Jaborandi 20.0; Aq. Coloniensis 200.0; Macera. *Hairwash.* Ammon. carb. 3 j; Borax 3 ij; Glycerin.  $\frac{3}{4}$  ss; Aqua  $\frac{3}{4}$  jv; Spir. Myrist. Oj. *Shampoo.* Sod. sulfuret. 3.0; Calc. usta et Amylum  $\frac{1}{2}$  10.0. Mixed with water to apply to the part. *Depilatorius.*

389. Oleum Ricini  $\bar{z}$  j; Spir. Vini Gallici  $\bar{z}$  vij.  
*Diseased Hair-roots.* Bals. peruv. 20.0; Ol. Ricini 50.0.  
 To apply to scalp. As dressing in *Panaritium* twice a day.

390. Naphthol 5.0, Bals. peruvianum 2.5, Alcohol & Glycerin,  $\hat{a}$  20.0; Ol. Bergamott 1.0. To apply bis die. *Pityriasis, Lichen, Scabies*, etc. Borax 1.5; Glycerin 30.0; Aq. Rosar. 100.0; Aq. Coloniensis 20.0; Tr. Quillajæ 50.0. *Pityriasis. Stinking Sweat.* Sol. Boracis ( $\bar{z}$  j) Oj; vel Sol. Kali carb. ( $\bar{z}$  ss) Oj if much itching: To wash the head in the morning, having oiled it the night before. Ungt. Calomel ( $\bar{z}$  j;  $\bar{z}$  j) if *Alopecia*. Borax 10.0; Kali carb. & chlor.  $\hat{a}$  5.0; Aq. Aurant. flor., Aq. Rosar.  $\hat{a}$  75.0; Glycerin 30.0. *Moles, Freckles, etc.*

391. Cuprum oleatum 3 ij; Lanolin  $\bar{z}$  j. To apply bis die. *Tinea favus.* Ungt. Zinci  $\bar{z}$  j. After having detached the scab by moistening it with a Solution of Sod. Carb. ( $\bar{z}$  j;  $\bar{z}$  j) and the application of a bread and milk poultice. *Crusta lactea.*

392. Bism. nitr. præc., Hydr. præcip. album  $\hat{a}$  5.0; Glycerol. Amyli 20.0. *Cosmetique blanc.* Kal. iod. 5.0; Natr. bicarb. 1.0; Aq. font. 400.0. *Pimples.*

393. Bism. nitr. pr., Zinc. oxyd.  $\hat{a}$  2.5; Glycerol. simplex 30.0. *Intertrigo.* Zinc. tannic. 10.0; Glycerol. simplex 30.0. Tinctura Benzoes 2.0. vel Alcohol and Albumen. *Decubitus.*

394. Sod. Boro-salicyl. 20.0; Aqua font. 100.0; Spir. Lavandul. comp. 50.0. vel Borax 3 ij; Chloral 3 ss; Aq. fl. Aurant. & Rosar.  $\hat{a}$   $\bar{z}$  iij. *Pruritus, Urticaria, etc.* Glycerin  $\bar{z}$  j; Aq. Coloniensis  $\bar{z}$  v. vel Unguentum Petrolei. *Pruritus* from *Scarlatina*..

395. Acid. salicyl. 3.0; Amylum 10.0; Talcum 87.0. F. pulvis anthydroticus; vel Acidum nitricum gtt. x Aq. font. Oj, as wash. *Sweating feet.*

396. Plumb. aceticum 25.0—50.0; Alum. 12.5—25.0. Aq. dest. 500.0. With lint as dressing to *foul ulcers*. Resorcin 2.5; Glycerin 10.0; Tr. Benzoës comp. 40.0; Aqua 100.0; vel Resorcin & Ungt. Petrolei ana, as dressing for *poisoned wounds*, accompanied by inflammation of *Lymphatics*.

397. Hydrarg. bichlorat. 1.0; Acid. hydrochlor. 2.0; Aq. destill. 10.0; vel Sublimate 1.0; Natr. chlor. & Acid. acet.  $\hat{a}$  0.5; Aq. dest. 10.0. Each for 1000.0 of warm water as *disinfecting wash for hands, etc.* For irrigation of wounds a solution of 1:2000 will be sufficient; and for internal organs, *e. g.*, the uterus, it should not be stronger than 1:5000.\*

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\**Antiseptic Wound Treatment.*—After having thoroughly cleansed the wound with warm boro-salicylated water (399) and dried it with absorbent cotton, the edges of the cut are brought in apposition and retained there by means of plaster, with or without catgut sutures, care being taken to avoid tension; as it is better to have the wound gaping than its edges dragged by sutures, especially if the tissue is damaged or unhealthy. Now it is dressed with three layers of antiseptic gauze (416a) saturated with boro-glyceride and covered by a few gamgee pads (absorbent cotton covered with antiseptic gauze), which are held in place by means of a gauze bandage. If there be much laceration and bleeding, the vessels must be picked up with forceps and tied with catgut. Then having placed in the wound a drainage tube, or if it be small, a few strands of catgut (which are absorbed in due time), the edges may be brought together with silk sutures, if practicable, and the following dressing applied: The wound being moderately dusted with iodoform, is covered with gauze—provided with holes for the tubes—likewise dusted with iodoform, after having been wrung out of sublimate water (297), over which are placed a few gamgee pads. The whole to be retained by means of a gauze bandage.

*Nussbaum* prefers in all cases, where there is a possibility of

398. Acid. carbol. 10.0; Aqua 300.0; Brom. 5.0. *Dissecting wounds.* Acid. carbol. & Alcohol  $\hat{a}$  1.0; Glycerol. spl. 50.0. *Ulcers.* Acid. carbol. 0.5; Zinc. oxyd. 1.0; Liq. Plumbi & Tr. Arnicae  $\hat{a}$  gtt. x; Ungt. Petrol. 15.0. *Eczema, Herpes, etc.* Acid. carbol. 4.0; Ungt. Petrolei 50.0. To apply twice a week. *Sycosis, Lupus, etc.* Creosot 5.0; Alcohol. 10.0; Glycerin 85.0. *Erysipelas.* Phenol. 1.0; Ol. Olivar. 40.0. *Carbolic Oil.*

399. Acid. salicyl. 1.0; Alcohol. 2.0. (Tr. Benzoes 1.0); Lanolin. 4.0; vel Pix liq. 10.0; Glycerol. spl. 30.0; vel Bism. nitr. cryst. 5.0; Aqua & Glycerin.  $\hat{a}$  2.5; tum adde Glycerin ad 100.0. *Herpes facialis, Ulcers, etc.* Acid. salicyl. 2.0; Acid. boric. 12.0; Aq. calida 1000.0. *Wash for simple cuts, etc.*

400. Extr. Opii, Extr. Bellad., Glycerin  $\hat{a}$  3 j; Ungt. Resinae  $\frac{3}{4}$  j. *Boils.* Acid. arsen. gr. ij; Ungt. Petrol.  $\frac{3}{4}$  j. *Onychia maligna.* Calomel. gr. jv; Aq. Calcis  $\frac{3}{4}$  j. The

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sloughing, carbolized gauze moistened with phenol water  $2\frac{1}{2}$ :100, or a 20 per cent. iodoform gauze, soaked in a solution of boric acid, covered with a few layers of dry gauze and salicylated wadding, which he keeps in place by means of an impermeable bandage. *Two points ought to be borne in mind:* 1. The wound must be redressed in order to remove the drainage tubes, which has to be done in a day or two, according to the discharge; or if there is much pain or hemorrhage; though the dressing need not be changed because serum has oozed through it—antiseptic cotton covered over the moist places will here suffice. 2. Each time a wound is dressed, the hands should be disinfected with sublimate (397), and the required instruments (forceps, needles, etc.) with phenol 5:100, after having immersed them for a short time in boiling water. In fact, all the articles, which come in contact with the wound, should have been previously sterilized—cotton, catgut, silk, drainage tubes (416 a & b).

An irrigator may be improvised by hanging on the wall a bottle upside down, out of which has been knocked the bottom, and in whose neck by means of a perforated cork, a tube has been fitted.

swelling is to be touched once a day after the application of a bread and milk poultice with a little yeast. *Abscess.* Calomel dusted over the proud flesh twice a day, followed by a dressing of Ungt. simplex on lint, is used in *Ulceration of Umbilicus* (of infants).

401. Iodoform 1.0; Collod. 15.0; Ol. Menth. pip. gtt. v. *Scrophulous and syphilitic swellings, Orchitis, Arthritis, Ascites, etc.* Iodoform 3 j; Ungt. Petrol. 3 j. *Lupus.* Half the strength in Variola to prevent pustules.

402. Iodum 1.5; Pot. Iod. 3.0; Aq. dest. 30.0. Ope penicilli applicatur. *Tumor albus.* Iodum 1.0; Pot. Iod. 6.0; Tr. Opii 8.0; Ungt. Petrol. 60.0; vel Iodum, Pot. Iod.  $\hat{a}$  5.0; Glycerin 10.0. The application is covered with oiled silk and followed after 24 hours by a cataplasma. *Lupus, Syphilis.* Iodine & Phenol (1:4). *Carbuncle.* Applied in time, it frequently will abort any kind of boil.

403. Acid, acet. conc. q. s. The neoplasm is to be touched once a day, when it will peel off gradually in thin scales. *Hypertrophy of skin* (Warts and Corns.) Acid. chrom., Aq. dest. ana (Servetur in vitro epistom. vitreo). Ope penicilli asbest. v. vitr. applicatur. *Scirrhus, Warts, etc.* Sol. Arg. nitr.  $\frac{1}{10}$  per cent. as submucous injection in *Carcinoma, etc.* Zinc. chlor. 1.0; Glycerin. 100.0. *Cancer, Wounds after operations, etc.* Benzol brushed over the ulceration, afterwards dusting with Calomel 2—4 times a week; or Potass. Permang. dusted over the sore. *Epithelioma.* The latter also in *snake-bite* after having vigorously sucked the wound.

404. Sol. Argenti nitr. (3 ss—j) 3 j. To paint around the affected part in order to prevent spreading. *Ery-*

*sipelas*. Sol. Ferri sulf. (3.0) 60.0. To brush over the affected part; vel Alum. 6.0; Hydr. præc. alb. 0.2; Glycerin 20.0. (Useful also in *frostbites of second degree*). Ammon. sulfoichthyolicum p. j, Lanolin p. ij. After having covered the wound with a iodoform-gauze-compress, the erysipelas is to be rubbed with the ointment and covered with 10 per cent. salicyl. lint. In *Erysipelas* of the *face* ichthyol-collodion, and of the *scalp*, Ichthyol-soap are said to be preferable.

405. Ol. Lini & Aq. Calcis ana. *Burns*. Liq. Ammon. 2.0; Glycerin 20.0 (*for burns of second degree* without Ammonia); vel Copaiva (also used in *frostbites*.) Cocain. 0.1; Glycerin. 20.0. *Burns of first degree* every five minutes until pain relieved. Also good for sore nipples. Cocain. 2 per cent., Iodof.  $\hat{a}$  3 j; Ungt. simpl  $\frac{3}{4}$  j. *Burns of 2d and 3d degree*. (If in the face, a gutta percha cover will be of service.) *Burns* from Phosphor are best treated with caustic; and extensive burns of any kind, either with carbol-spray, and a wet compress of bor-lint, (4 per cent.) or, after the vesicles having been opened and excised, the entire burnt surface is covered with dry iodoform gauze (20 per cent.) over which gutta percha is placed. The whole is then protected by gamgee (see note, p. 139) kept in position by means of a bandage).

406. Borax 2.5; Phenol 1.0; Glycerin. 20.0; Tr. Opii 1.0; Muc. Acac. 30.0; for *frostbitten ears* twice a day. See page 3. Acid. nitr. 15.0; Aq. 100. *Chilblains*.

407. Sod. bicarb. & Sod. Chlor. ana. To be applied to *bites* or *stings* of insects, etc. Liq. Ammon. vel Acid. nitricum. *Snakebite*. See Wounds (poisoned), part. II.

408. Empl. Cantharid. to nuka in *Coma*. (Typhoid.) Liq. Ammon. fort. gtt. j. As blister, to be repeated when healed. *Neuralgia*. Chloral dusted over Empl. adhæsivum and applied after gently heating the plaster, will blister in less than 10 minutes, without pain or any constitutional effects.

409. Camphora 3 ij; Alcohol. 3 j; Glycerin. 3 j. As soothing rubefacient. *Neuralgia*. Spir. Camph., Glycerin.  $\hat{a}$  50.0. *Rheumatism*. Linim. Ammon. 3 ij; Ol. Terebinth. 3 j; Tr. Opii 3 ss. This Liniment without opium to be rubbed on the spine at the beginning of cold stage in *Intermittens*. Camphor. 3.6; Cetaceum 20.0; Cera alba 5.0; Ungt. Petrol. albi 25.0. *Painful limbs*.

410. Aconitin. 0.5; antea triturrata cum Alcohol. gtt. aliq.; Ungt. Petrol. 25.0. *Neuralgia*. Extr. Aconiti 2.0; Glycerol. Amyli 20.0; vel Kali cyan. 0.5; Glycerin. 10.0. *N. Facialis*. (The finger which is used for rubbing must have no scratch). Veratrin. 0.3; Morph. hydrochlor. 0.2; Glycerol. simplex 30.0. *Migraine*. Veratrin. gr. x; Alcohol 3 ss; vel Chloroform & Ol. Olivar. ana 3 ss. *Spinal Irritation*.

411. Tr. Cantharid. 3 ij; Tr. Arnicæ et Tr. Nuc. Vom.  $\cap$  3 j. To be rubbed on the loins and inside the thighs. *Nocturnal Emissions*. Tr. Opii 3 ss; vel Tr. Capsici 3 j; Linim. Sapon. 3 ss. *Congestion of Kidneys*. Sparadrap. perfor. Bellad. q. v. *Pleuritis (circumscribed)*.

412. Lith. carbon. 5.0; Glycerol. Amyli. 30.0. *Tophi arthritici*. Lith. brom. 2.0; Glycerin. 4.0. Pulvis Althææ. et Farina Tritici  $\hat{a}$  2.5; Aqua q. s. ut fiat massa. As paste to cover the *gouty concretions*.



413. Inf. Digitalis ( $\frac{3}{4}$  j : Oj); vel Tr. Digitalis, Tr. Scillæ  $\frac{3}{4}$  ij. To be rubbed twice a day over the abdomen, which is then to be covered with flannel. *Dropsy* (if the state of the stomach precludes the internal use of diuretics), or Paracentesis.\* Tr. Iodi  $\frac{3}{4}$  j semel in die to præcordia. Pericarditis (after effusion.) Also in papular stage of *Variola*.

414. Collodion; vel Chlorof.  $\frac{3}{4}$  ss; Gutta percha q. s. Applicatur semel vel bis die. (In papular stage or if vesicles very small. *Variola*. Sol. Hydr. bichlor. (gr. j)  $\frac{3}{4}$  vj; as compresses. At the same time cold water compresses on conjunctiva to prevent eruptions there.

415. Collod. 100.0; Glycerin. 1.5; vel Collod. 100.0; Ol. Ricini 2.0; vel Collod. 100.0; Ol. Ricini 1.0; Terebinth. latic. 2.0. *Elastic Collodion*. Tannin.  $\frac{3}{4}$  j; Alcohol.  $\frac{3}{4}$  ss; Æther.  $\frac{3}{4}$  ij; Collod. ad  $\frac{3}{4}$  j. *Styptic Collodion*. As protection in all kinds of ulcerative and bleeding parts—stitched wounds, etc. Morph., Iod., Creosot, or Phenol may be incorporated, if necessary.

416a. *Antiseptic Material* — Sublimate 5.0; Acid. tart. 20.0; Aq. fervida 900.0; Glycerin. 100.0; Gauze, Cotton, etc., q. v. Acid. boricum 10.0—20.0; Aqua calida 90.0—80.0; Gossyp. absorb q. v. Acid. bor. 5.0; Acid. carbol. 2.0; Aq. calida 100.0; (Alcohol. 5.0;) Gossyp. absorb. q. v.; vel Acid. carbol. 100.0; Spir.

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\*After having placed the patient in the recumbent position on her side at the edge of the bed, the trocar in a canula being held in the hand so that the tip of the forefinger is about two inches from the point of it, the instrument is pushed through the *linea alba*, two inches below the umbilicus. In fat persons a preliminary incision with the scalpel down to the aponeurotic structure will be advisable.



Colophon. (40.0), 2000.0; Ol. Ricini. 40.0; Gossyp. vel Lint. q. v.; vel Acid. salicyl. 5.0—10.0; Alcohol. 100.0; Aqua 200.0; Gossyp. vel Lint. q. v. *As dressing for wounds, etc.* (Absorbent Cotton or Lint soaked in dil. acet. acid may be packed between the soft parts of *lucrated wounds to stop bleeding*).

416b. Sublim. 1:1000; Phenol 3:100; Acid. boric. 3j:  $\frac{3}{4}$  jv Aq. fervida; Liq. Ferri chlor. c. Aq. fervida (3j:  $\frac{3}{4}$  jv); Iodoform, Ether and Alcohol in the proportion of 1:2:8. *For medication of sponges.* Before sterilizing the sponges by boiling they should be thoroughly cleansed with soft soap (potash,) or, if necessary, washed with hot water containing hydrochloric acid. Silk for sutures should be treated with sublimate 1:1000, after having been boiled for half an hour; or it may be impregnated with beeswax containing 10 per cent. phenol. Catgut is made aseptic by shaking it with ether and then preserving it in Ol. Eucalypti. (Nos. 1 & 2 are the best sizes for sutures and small ligatures). Before use it must be dipped in Alcohol to make it pliable. Drainage tubes (1-16—1-4 inch by 12 inches) are made aseptic by soaking in phenol 5:100—glass tubes may be kept in sublimate 1:1000 after having been boiled.

417. *Hot-air-bath.* Heated air is introduced under the bed clothes for the purpose of producing diaphoresis, if Hydragogues are not borne and Diuretics will not act.

*Sulphur-air-bath.* Sulfur  $\frac{3}{4}$  ss—j is burnt in the sick room, which has to remain closed for a few hours to allow the fumes to permeate it thoroughly. After having the room thus disinfected, the patient is taken back. *Infectious Diseases.* *In Pertussis* said to be specific.

418. *Lime-steam-bath*. A barrel of quick-lime is slackened in the room daily, whilst the latter is charged with steam by keeping water boiling all the time. *Croup, etc.*

419a. Pot. sulphuret.  $\bar{z}$  jv; Aqua C.30, as bath in wooden vessel. *Lead colic*. Pulv. Sinapis  $\bar{z}$  j; Piper rbr.  $\bar{z}$  ss; for a bucketful of warm water, as styptic bath. *Dysmenorrhœa, etc.* Pulvis Sinapis  $\bar{z}$  jv for a foot bath, lb  $\frac{1}{2}$  for a hip—and lb. j for a full bath. Best stimulant for internal congestion.

419b. Ferr. sulfuricum crudum 100.0 (No. I); Acid. tartaricum 20.0 (No. II); Natr. bicarb. 10.0 (No. III). In this succession the substances are to be dissolved. *Balneum ferrugin. mitius*. Ferrum sulfuricum cr. 150.0; Sal. marin. 300.0; for one bath. *Balneum fortius*; vel Ferrum tartaricum 75.0—100.0.

420. *Sponging* with water, or brandy and water, if the skin be hot and dry, and axillary temp. 104 degrees or more; or the *Wet Sheet* with a sprinkling pot of cold water to be kept up for several hours if necessary—according to temp. and pulse. *In Insolation*. *In functional Paralysis*, *Douches* of alternately cold and warm water; or the *Wet Pack*: The patient is enveloped in a wet sheet and closely covered with blankets. In an hour's time, when perspiration is induced, the pack is removed, the body wiped dry and the patient placed in bed. In *acute Ascending Paralysis* the pack is sometimes of great service. In *Bronchitis capillaris*—where the child should remain packed for from four to six hours—in conjunction, if necessary, with a wet compress round the neck, taking care that the latter overlap the

chin (298b). In *Cholera epidemica*, the *modified pack*: Hot water, with or without a dash of vinegar, being substituted and renewed every two hours.\* In *Intermittens* and *Yellow fever*, sponging, and internally ice-water ad libitum. In *Articular Rheumatism*, acute and chronic, the pack or sponging. In *Scarlatina* and *Measles* the same, once or twice a day. In *Typhoid*, sponging with cold water, whenever axillary temp. 103 degrees or over, or that of rectum  $102\frac{1}{2}$  degrees, as long as it is attended with comfort, until it falls to 101 or 100 degrees; or wrapping in a wet sheet and sprinkling at intervals, whilst the thermometer in rectum. (A cot with arrangements for the drainage is convenient.) A sensation of chilliness, feeble pulse or cyanose contra-indicate the continuance and call for wine and spirits. Cold water is altogether contra-indicated if there be intestinal hemorrhage, sweating, menstruation, feeble pulse or feeble action of the heart. For compresses in affections of throat or in Variola, see Nos. 298 & 414.

421. *Electricity*. Galvanism is chiefly used for its catalytic, cataphoric and electrotonic action.† In *Melan-*

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\*If the sheet be washed directly after its use in water, containing *Chlorin*. Soda, three, with as many blankets, will suffice for the procedure; in as much the evacuations will generally cease in the first pack. The stools should be voided into a vessel containing *Ferrum sulfuricum*; and if the dejections are passed involuntarily, they must be received on cloth wrung in vinegar. Moreover all the articles of cloth should be cast, as soon as removed from the patient in a wash-tub containing chlorinated water. Vinegar or phenol should be added to the wash water for the use of the attendants.

†When the galvanic current is applied for the catalytic effect, no interruptions should be allowed in the circuit—these are, in fact, only required in examination of electrical motility, and for therapeutic use, in cases where the Faradic current fails to

*cholia*, *Functional Insanity* and some other diseases of the brain, especially *Intra-cranial Syphilis*, before hemiplegia has supervened, a galvanic current is sometimes of service. The electrodes must be placed in the nape of the neck and on the forehead; the strength of the current may be gradually increased to about 2 *milliam-pères*, and one sitting should not exceed 3 minutes. In organic disease of the brain and spinal cord it will generally retard trophic changes and relieve certain symptoms attending those affections — as pain, anæsthesia, spasm, paresis. In cerebral lesions the diseased peripheral structure should be treated at the same time with Faradization. In *Facial Paralysis*, in order to reach the *medulla oblongata*, one pole should be placed in *nuca* and the other above the larynx. In *Neuralgia*, where the pain is increased by pressure, a mixture of Cocaine and Aconite may be introduced under the skin by means of the current, or two needles may be deeply

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obtain motor response, viz., in cases of infantile paralysis, lead palsy and all those peripheral palsies produced by pressure or trauma, which present *the reaction of degeneration*. It should be only so much increased as to cause the slightest sensation of a change, while the Faradic current should produce but a pleasant tickling. (Very sensitive people will bear the latter better, if they have been exposed to a moderate volume current). One of the electrodes should be placed as near as possible the seat of the disease, the other being applied so that the direct route of the current includes the *locus morbi*. The choice of the poles will depend on trial, as the difference in the action of anode and kathode is not yet understood.

Faradization is limited to an artificial stimulation of motion and sensation; it will act better than the galvanic interrupter in cases requiring muscle stimulation, with the exception of those characterized by the reaction of degeneration. The slow interrupter will generally be required for treatment, since many muscles, suffering from local or centric disease will respond to single stimuli that remain totally impassive, when the rapid succession current is employed.

inserted at 2 points in the course of the nerve (galvano-puncture). *Hysterical Neuralgia* is more benefited by Faradization, which is brushed over the painful points. In *Hyperæsthesia* and *Anæsthesia* the rapid interrupter must be used. The sensorial sedative action is obtained by means of moist electrodes, the anode being the pole applied locally; whilst the stimulating effect is produced by the use of a dry electrode, the kathode being the local pole—the moist anode may be placed anywhere.

422 *To remove superfluous hair.* After having introduced the negative needle into the follicle, hard by the hair to be removed (which has been grasped with the epilating forceps), the patient, with the sponge electrode in one hand, is directed to press the sponge against the palm of her other hand. In about one minute the hair will be found loose, and may now be removed—but without traction—taking care not to withdraw the needle before the patient has broken the circuit. More than three dozen of hairs should not be operated upon at one sitting. A battery of 10 cells are sufficient (3—5 milliampères.) *Small Nævi, Angiomata* or *Erectile Tumors, Warts, Hairy Moles* and other small growths are also readily removed by galvano-puncture. Subsequent fomentations are sometimes of service. *Encephaloid, Scirrhus* and other malignant tumors are occasionally amenable to cure, but require several operations at intervals of from 3—5 days. *Goitre* may be successfully electrolysed, if the tumor be of a yielding consistence and not of too long standing. With the sponge electrode in *nuca*, introduce a gold tipped negative needle into the tumor, being careful to avoid the large

superficial veins. The strength of the current should not exceed 20 *milliampères*, and the weekly sittings 5 minutes. In the *cystic* variety, both poles must be introduced into the sac by means of needles. In *Hydatids* (of the liver) 2 negative needles are introduced into the most prominent part of the tumor, about 2 inches apart, and over the hepatic region a sponge electrode is kept slightly moving for about 15 minutes. In *Aneurism*, both the negative and positive needle are introduced into the sac at about 2 inches distance from each other. 5—20 cells are required, and the operation may last for one or two hours. The introduction of 3 or 4 positive needles has been lately recommended. *Varicose Veins* of the legs are said to disappear sometimes altogether under the Faradic treatment.

423. *Extra-uterine Pregnancy* has been treated successfully by the Faradic current from a strong inductive coil, one electrode being pressed against the tumor in the vagina and the other to the abdomen. The destruction of the fœtus by electrolysis is applicable during the first four months, and the operation, which should not exceed one hour, has generally to be repeated 3 or 4 times at intervals of about 3 days.

224. *Artificial Respiration.* \* After having passed a needle into the *Trapezius*, or beneath the skin, immediately over the *Pomum Adami*, the moist sponge electrode is applied a little below the Sternum. The contractions of the diaphragm and chest muscles is now sustained just long enough until one leisurely may count three, when the sponge is removed, to be reapplied after a similar interval. See page 1.

## APPENDIX.

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1. Table of Weights and Measures, etc.
2. Analysis of Urine.

## METRICAL WEIGHTS.

0.001 (Milligram)-----	0.015 gr. ( $\frac{1}{60}$ )
0.01 (Centigram)-----	0.154 " ( $\frac{1}{6}$ )
0.1 (Decigram)-----	1.543 " ( $\frac{1}{32}$ )
1.0 (Gram=1 C.C. of water at 4° Celsius)-----	15.432 " (15)
10.0 (Decagram)-----	2½ drachms
100.0 (Hectogram)-----	3 ounces
1000.0 (Kilogram)-----	32 "

## Table for Converting Apothecaries' Weight into Metric.

TROY WEIGHT.	GRAMS.	TROY WEIGHT.	GRAMS.
1-60 of a Grain-----	0.001	36 Grains-----	2.33
1-30 "-----	0.002	40 " (ʒij)-----	2.60
1-20 "-----	0.003	50 "-----	3.24
1-16 "-----	0.004	60 " (ʒj)-----	3.90
1-12 "-----	0.005	80 " (ʒjv)-----	5.18
1-10 "-----	0.006	90 " (ʒjss)-----	5.83
1-8 "-----	0.008	96 "-----	6.22
1-6 "-----	0.011	100 " (ʒv)-----	6.48
1-4 "-----	0.016	2 Drachms-----	7.75
1-3 "-----	0.022	2½ "-----	9.72
1-2 "-----	0.032	3 "-----	11.66
3-4 "-----	0.05	4 "-----	15.55
1 Grain-----	0.065	6 "-----	23.3
2 Grains-----	0.13	1 Ounce-----	31.1
3 "-----	0.19	1½ "-----	46.6
4 "-----	0.26	2 Ounces-----	62.2
5 "-----	0.32	2½ "-----	77.7
6 "-----	0.39	3 "-----	93.
8 "-----	0.52	4 "-----	124.
10 "-----	0.65	5 "-----	155.
12 "-----	0.78	6 "-----	186.
15 "-----	0.97	7 "-----	217.
16 "-----	1.04	8 "-----	248.
18 "-----	1.17	9 "-----	279.
20 " (ʒj)-----	1.30	10 "-----	311.
24 "-----	1.55	12 "-----	372.
30 " (ʒss)-----	1.95	16 "-----	500.



## APPROXIMATE EQUIVALENTS OF CUBIC CENTIMETERS.

0.001 C. C. =  $\frac{1}{65}$  Minim. | 0.1 C. C. =  $1\frac{1}{2}$  Minim.  
 0.01 " =  $\frac{1}{65}$  " | 1. " = 15 "

[The weight of 1.0 water at its maximum density—39.2° Fahrenheit—see preceding page.]

4 C. C. = f. 3j ----- *Cochleare parvum* (Teaspoonful).  
 8 " = f. ij ----- *Cochl. medium* (Dessertspoonful).  
 16 " = f. ss ----- *Cochl. magnum* (Tablespoonful).  
 48 " = f. jss ----- *Cyathus vinosus* (Wineglassful).  
 160 " = f. v ----- *Vasculum pro thea* (Teacupful).  
 320 " = f. x ----- *Cyathus* (Tumblerful).  
 500 " = Oj ----- *Octarius* (Pint).  
 1000 " = Oij ----- *Litre* (a little more than a Quart).  
 4000 " = Cj ----- *Congius* (Gallon).

## Table for Converting Apothecaries' Measure into Metric Weight.

APOTHECARIES' MEASURE.	GRAMS FOR LIQUIDS.			APOTHECARIES' MEASURE.	GRAMS FOR LIQUIDS.		
	Lighter than water	Spec.Grav. of water.	Heavier than water		Lighter than water	Spec.Grav. of water.	Heavier than water
MINIMS.				MINIMS.			
1 -----	.055	.06	.08	35 -----	2.00	2.20	2.90
2 -----	.10	.12	.15	40 -----	2.25	2.50	3.30
3 -----	.16	.18	.24	50 -----	2.80	3.12	4.15
4 -----	.22	.24	.32	60 (f 3 j) --	3.40	3.75	5.00
5 -----	.28	.30	.40	72 -----	4.05	4.50	6.00
6 -----	.32	.36	.48	80 -----	4.50	5.00	6.65
7 -----	.38	.42	.55	90 (f 3 jss) -	5.10	5.60	7.50
8 -----	.45	.50	.65	96 -----	5.40	6.00	8.00
9 -----	.50	.55	.73	100 -----	5.60	6.25	8.30
10 -----	.55	.60	.80	120 (f 3 ij) --	6.75	7.50	10.00
12 -----	.65	.72	.96	150 (f 3 ijss)	8.50	9.50	12.50
14 -----	.76	.85	1.12	160 -----	9.00	10.00	13.30
15 -----	.80	.90	1.20	180 (f 3 iij) -	10.10	11.25	15.00
16 -----	.90	1.00	1.32	210 (f 3 iijss)	11.80	13.00	17.50
20 -----	1.12	1.25	1.60	240 (f 3 jv) -	13.50	15.00	20.00
25 -----	1.40	1.55	2.00	f 3 j -----	27.0	30.0	40.0
30 -----	1.70	1.90	2.50	f 3 jv -----	108.0	120.0	160.0

AGE.	DOSE.	AGE.	DOSE.
1 to 3 months -----	1-16	13 to 16 years -----	2-3
4 to 12 " -----	1-10	17 to 20 " -----	3-4
1 to 3 years -----	1-6	21 to 50 " -----	1
4 to 5 " -----	1-4	51 to 60 " -----	3-4
6 to 8 " -----	1-3	61 to 70 " -----	2-3
9 to 12 " -----	1-2	80 to 90 " -----	1-2

## A FEW OBSERVATIONS ON URINE AND HOW TO TEST IT.

---

The quantity of urine passed by a healthy person in 24 hours varies from 30—40 ounces, and its color will likewise vary very much, being like the quantity, in intimate relation with the ingesta. Though usually of a light amber or straw color, it may take all possible shades between water and porter. Among drugs that have a decided coloring influence on the urine, which, in some instances, might be taken for blood, may be mentioned *Curcuma*, *Rheum*, *Frangula*, *Senna* and *Santonin*.—A few drops of *hydrochloric acid* will settle the question, in as much bloody urine undergoes no change.

*Very pale urine*, if not the consequence of much drinking, may be due to *Anæmia*, *Chlorosis*, *Hysteria*, *Diabetes*, etc., etc.

*High colored urine* indicates generally an excess of acid, and unless the result of good living, is symptomatic of *febrile diseases*.

*A smoky tint* is diagnostic of the presence of *blood*.

*Deep yellow or greenish brown* indicates *bile* due to *hepatic disorders*.

*Dark brown or black urine* is generally due to rapid morbid changes in the blood and tissues, and occurs in *infectious* and other *severe diseases*.

*Cloudy or filmy urine* is generally alkaline and indicates the presence of mucus; white opaque and viscid—

mucus or pus or earthy salts, singly or jointly. Turbid urine of a creamy yellow color at the bottom is mostly acid and contains pus.

*Froth* on healthy urine readily disappears, but if it be permanent the presence of *albumen* or the constituents of *bile* may be suspected.

*The odor* of urine is also of much importance. A smell of *Ammonia* indicates catarrhal inflammation of the bladder; that of *Sulfurated Hydrogen* occurs in *Typhoid and Cholera*, and is a bad omen. (The administration of *Ol. terebinth.* produces a smell of violets).

The specific gravity of urine averages about 1020. If higher, *sugar* or *uric acid* are most likely to be present: a low spec. gravity is frequently observed in *Hysteria* and *anæmic* conditions; in *chronic Bright's* disease and in *Diuresis* from any cause. *Blood* and *fibrin* may be detected by the microscope, and the presence of *serum* is ascertained by the discovery of its *albumen*, on account of which serous urine is commonly called albuminous urine.

The urine to be examined should be *always a portion of the whole quantity* passed in 24 hours, because that passed in the morning frequently contains no *albumen*, whilst that voided later, does. Urine, not distinctly acid, should be rendered so *before* testing for *albumen*, by adding a drop or two of nitric or acetic acid; and if it be *permanently* turbid from any cause, it should be filtered before boiling. In that case the presence of *mucus* or *pus* may be suspected, whilst a turbid urine becoming clear by boiling contains *urates*. (If the urine has not been acidulated before boiling, the cloud or

opacity, which may appear might be due to the presence of *Earthy Phosphates*, which, of course, will be redissolved on the addition of the acid).

*Renal casts* should always be sought for, if albumen is detected: Allow the urine to settle for a few hours in a tall glass, then, after having poured off all the top, place a drop of the residuum under the microscope, where the fibrin will readily be distinguished.

*Sugar.* Unless the spec. gravity of the urine rise above 1030, it is of no practical value to examine on sugar, in as much, 15 grs. of it are excreted daily through the kidneys by a healthy person. Put a few drachms of urine in a test-tube, add the same quantity of *Liq. Potassæ*, and heat to boiling-point over a spirit lamp, when, according to the quantity of sugar present in the urine, it will assume a dark-brown, even black color. 'It is, however, necessary to remove any albumen before testing for sugar, by boiling the urine in question with a drop of acid, and subsequent filtration. If there be no albumen, and a few drops of *nitric acid* be added, the dark color will disappear, the urine exhaling a smell of *molasses*. (Aside from albuminous urine, a urine high colored or containing an excess of *Phosphates*, will considerably darken on boiling with caustic alkalies).

To estimate the amount of sugar, put two 12 oz. bottles, each containing 4 ounces of the urine to be tested, for 24 hours in a warm place, the one tightly corked and the other with a piece of yeast, the size of a chestnut, thrown into the urine and not corked. The difference in the spec. gravity will give the number of grains of sugar contained in the fluid ounce.

*Mucus and Pus.* *Pus* produces a thick sediment at the bottom of the urine, which is rendered viscid and gelatinous by the addition of about half its quantity of *Liq. Potassæ*; whilst urine containing *mucus*, which is stringy and floating rope-like within it, becomes more fluid and limpid under these circumstances. (*Pus* from the bladder will probably be mixed with *mucus* constituting muco-purulent matter.)

*Bile-pigment* may be detected by shaking the suspected urine with a small quantity of Chloroform. If bile be present, a yellow sediment will form, consisting of bilirubin crystals.\*

*Spermatozoæ.* Allow about a quart of the urine to be tested to settle for a few hours in a tall glass, decant, and divide the rest of about 8 ounces in two pointed champagne glasses to settle for another 5 or 6 hours, after having added to the one a little *Picric acid*. Decant again and place a drop of the urine remaining in the two glasses under the microscope.

To detect *Spermatozoæ* in linen, a few threads of the stained piece should be moistened with a drop of *Gallic acid*, dissolved in water, to which must be added after about 10 min. a drop of *Sol. Ferri chlor. dil.* A few threads may now be prepared in the usual manner for microscopical examination, by means of a needle in a drop of glycerine.

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\*Boiling of the acidulated urine in a test-tube, will in most cases suffice. Originally turbid urine, remaining so when boiling, contains *Mucus* or *Pus*—clearing up: *Urates*; whilst originally clear urine becoming turbid by heat, contains either *Albumen* or *Phosphates*, the latter if it clears up by the addition of an acid. Compare *Urinary Deposits*, part II.)

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## PART II.

AN ALPHABETICAL ARRANGEMENT OF THE DISEASES, with their several definitions, symptoms (*whenever possible pathognomic*), and causes, together with diagnostic hints, and the remedies usually employed in their treatment.

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ABORTION—Expulsion of the contents of the gravid uterus, before the seventh month of utero-gestation, *i. e.* before the viability of the fœtus; attended by pain, which is marked by *distinct intervals*, like those in labor, and more or less hemorrhage, which, unlike that from delayed menstruation, usually *precedes* the pains, the os being at the same time *more open*—see Labor. Aside from blows, falls, or acute disease of the mother, and morbid conditions of the fœtus, it may be caused by strong emotions; irritation of nerves—of the *trifacial*, from the extraction of a tooth;—excessive sexual excitement; violent purgation; anæmia; tumor in utero, ulceration of cervix, etc., etc. *Treatment*—Until dilatation of the os, or the partial extrusion of the ovum is obvious, abortion may be prevented sometimes by *complete rest*; *Morph.* with *Brom.* (51) internally, and *Bell., Opium*, etc., as suppository, or enema (375 & 81). If there be plethora or feverishness, *Nitre* (123). In threatening or habitual abortion, *Viburnum* (p. 39); if want of nausea be suspected as cause, *Ipecac.* (p. 100). Proper attention should be paid to the uterus, for, if that

organ be flected to such a degree as to produce incarceration of the fundus *below* the promontory of the sacrum, abortion is sure to follow. In case where prevention is impossible, the expulsion of the ovum, which in the first three months generally escapes entire, must be facilitated, though as a rule, the less we interfere the better. Should the ovum project, one may try to shell it out by means of two fingers which have been well greased, carried up to the os, while the right hand is applied externally to press down the womb and assist the operation. If unsuccessful, one drachm of *Tr. Ergotæ* every 15 min. ex aqua. After three months, if the fœtus has been extruded, we may leave the placenta alone, as nature is sure to expel it; though we may have to wait for more than a week, and Ergot would be of no use. Only in case of flooding, which in reality is *the danger*, it will be advisable—see Hemorrhage. To prevent septicæmia *Aconite* or *Veratrum* may be given with *Salicin* (pp. 22 and 39), according to the strength of the pulse.

**ABRASION OF CERVIX.** See Uterus (Granular degeneration of cervix).

**ABSCCESS**—A cavity filled with pus in consequence of disintegration of the substance of an inflamed organ—compare Tumors and Ulcers. **Treatment**—Aside from due attention to the general state of health, *ice* or *cold water compresses* to check the formation of pus; or *fomentations* and *poultices* (400) to hasten maturation; and the knife. After evacuation of the pus, *antiseptic* dressings: *Phenol* (327 & 398); *Phenol-Iod.* (402); *Mangan* (334 & 403); *Bor* (260); *Iodoform* (269 & 401); *Salicin* (399); *Resorcin* (335 & 396); etc. Internally *Sulfides* (p. 19) and perhaps *Tonics* (p. 69). For *fecal abscess* see



Typhlitis; *Mammary*—Breast; *Pelvic*—Uterus (Cellulitis); *Retropharyngeal*—Pharynx; *Vulvar*—Vulva, etc.

ACIDITY OF STOMACH. See Dyspepsia.

ACNE. See Skin.

ADIPOSITAS. (*Fettsucht of the Germans.*)—Obesity is mostly the consequence of excessive ingestion of food, especially of fat and carbohydrates—the latter by preventing oxidation—under certain circumstances and constitutional peculiarities, as, *e. g.* is sometimes the case in the climacteric period of females, when the ovaries get into a state of atrophy; or in males, from defective action or development of the testes. *Treatment*—*Alkalies* (p. 53); *Fucus?* (p. 12), with appropriate diet and plenty of exercise. An excessive accumulation of fat connected with menstrual aberration to be met with in young women, will frequently disappear, if the latter can be corrected.

AGUE. See Fever (Intermittens).

AKINESIS. See Paralysis.

ALBUMINURIA. See Kidney.

ALCOHOLISM—A toxical condition produced by abuse of alcoholic drinks, and culminating in delirium tremens—*Mania a potu*,—which is both, either the direct consequence of the long, continued action of alcohol on the brain, or due to the sudden withdrawal of alcoholic stimulants in an habitual drinker. It is characterized by mental aberration, *the mind wandering from one subject to another, and incessant talking*, accompanied by a wild expression, the eyes being either vacant or staring. The mental disorder is preceded for a few days by the *horrors*: Muscular tremor, mental depression and insomnia, attended by complete anorexia. A

form of acute mania, due to *active cerebral congestion*, and produced rather by a protracted paroxysm of drinking, than by the habitual use of alcohol (*Delir. Ebrios.*), is characterized by great hilarity, even violence and fury, which may, of course, eventuate as well in *Delir. tremens*. **Treatment**—In *kater*, *Ammon.* (p. 44); *Acid. hydrochlor.* (p. 42). In debility and craving for drink (*Dipsomania*), *Antimony* (39); *Acid. sulf.* (155); *Ammonia* (159). In vomiting, *Gelsem.* (p. 33), see Vomiting. In anorexia, *Capsicum* (165); *Quinine* (167); *Zinc* (p. 86). In coma—*dead-drunk*—*Cold douche* or *Tablesalt* (p. 101); *Croton* (225); see Coma. In delirium ebrios., *Cold douche* and *Croton*; *Brom* and *Cannabis* (pp. 27 & 28); *Catechu.* (135). In insomnia preceding delir. trem., *Brom* (49–53); *Chloral* (pp. 30 & 109). In delirium tremens, *Antimony*, *Brom*, *Digitalis* (p. 79); *Cocaine* (pp. 77 & 109); 4 doses of *Capsic. pulv.* 3 ss taken hourly, are said to have induced sleep, followed by profuse perspiration and urination.

ALIMENTATION. See Inanition.

AMAUROSIS AND AMBLYOPIA. See Eye (Vision).

AMENORRHŒA—The absence—*Retentio*—or stoppage, —*Suppressio*—of the menstrual flow. The former due to general debility; absence, or imperfect development of the ovaries; imperforate os tinæ, etc., the latter mostly a consequence of disease; cold; fright; etc., etc. Resulting from pregnancy or menopause, which latter *may* occur even before the thirtieth year of age, it is, of course physiological. **Treatment**—Above all, removal of cause: If stricture of cervix, or uterine engorgement, see Uterus; ovarian dropsy—Ovaries; hemorrhage from any organ not connected with ovulation—Menstruatio

vicaria, etc. In functional inactivity of the ovaries, *Ars.* (p. 10); *Iod.* (pp. 14 & 15); *Cantharis* (p. 47); *Sanguin.* (p. 41); *Sabina* (p. 86); *Ergot* (172); *Mangan* (182); *Electricity*; *Hipbath* and *Pediluvia*. If anæmia, *Ferr.* (174 & 197); *Acid. sulf.* (155); *Guagac.* (p. 12). If suddenly checked; *Aconite* (p. 23); *Aloes* (p. 89). In constipation or palpitation, *Salines* (219); if pulse strong, *Croton* (225). If from cold or fright, *Calomel* (p. 93), with *Mustard Bath* (419), a few nights preceding the expected period; and *Aloes* c. *Myrrha* (p. 89), every second night. If plethora, eight ounces of blood from the arm. *Mercury* is the best deobstruant in suppression of long standing, as there is always more or less congestion of the uterus; when it has to be given until ptyalism, *Calom.* (12) at first; afterward at intervals of four or five days, as circumstances may require, to keep the mercurial action up for at least three or four months. A serophulous diathesis, inflammatory affections, accompanied with exhaustion, nervous irritability, etc., which prohibit its use, demand *Iodine* (p. 15); *Quinine* (pp. 75 & 76); *Strychnine* (p. 89), etc.

**ANAEMIA**—A condition mostly dependent on a diminution in the mass of the blood, the number of the red corpuscles and in the amount of hæmoglobin in the latter—the *Liquor Sanguinis* being poorer in albumen and containing an excess of salts. See Chlorosis, Leucocythaemia, and Heart (Valvular lesions). **Treatment**—Aside from good nourishment, plenty of exercise in the open air, bathing and sponging with *cold water*, *Chalybeate Waters*, and *Cod-Liver Oil*. *Ferr.* (197); or if it disagrees, *Ars.* (p. 9); *Quinine* (166); *Mangan*, *Strychn.* (pp. 82 & 83); *Asa fœtida* (41). If spinal or cerebral,

**Cocaine** (p. 77). If constipation, **Tonic Purgatives** (p. 95). If menorrhagia, **Acids** (129, 154), etc.

**ANAESTHESIA AND ANALGESIA.** See Neuritis resp. Paralysis.

**ANASARCA** (*Subcutaneous Oedema*)—A serous transudation into the interstices of connective tissue, extending over the greater part of the body. See Dropsy. **Treatment**—**Quinine** (166), if anaemia; if from gestation, **Calomel** (210).

**ANEURISMA**—A circumscribed dilatation of an artery, dependent on a lesion of its coats. **Treatment**—*lod. c.* **Ferro** (p. 14); or **Veratr.** (p. 39); and compression of the artery between the affected part and the heart, if not contra-indicated by inflammation, to retard circulation, and thus cause deposits of fibrin. (Injections of Tinct. Ferri chlor. or Ergot into the sac, to cause coagulation of the blood, are always more or less dangerous.) **Electricity** (p. 150), is sometimes of service.

**ANGINA LUDOVICI**—Acute suppurative inflammation of the connective tissue around the submaxillary gland—*always dangerous.* **Treatment**—**Poultices** or **fomentations**, and when there is the least sign of fluctuation, an *incision* and cleansing the wound with **Antiseptics.** **Phenol** (327). See Abscess.

**ANGINA MALIGNA AND MEMBRANACEA.** See Diphtheria resp. Laryngitis exudativa.

**ANGINA PECTORIS**—A neuralgic affection, characterized by a severe constricting pain, emanating from the praecordia, and radiating thence upward in different directions, accompanied by feelings of extreme anguish. The paroxysms are sudden, and mostly of a few minutes duration; however they may last for hours, and if asso-

ciated with heart disease, may prove fatal. *Treatment*—Aside from swallowing pieces of *ice*, *revulsives* to chest and extremities (408 to 411), or *brandy* (p. 73); *Lobelia* (p. 34); *Cocaine* (168); *Morphia* hypoderm. (255); *Amyl* as inhalation (308). *Arsenic* (p. 9), is said to lessen the severity of the attacks and prevent them by degrees. In gouty habits, *Colchicum* (105).

ANGIOMA. For the simple and the cavernous variety see Naevus; for the villous form, Urethra.

ANTEFLEXION AND ANTEVERSION. See Uterus. (Displacements).

ANTHRAX. See Carbuncle.

ANUS—*Fissura Ani*—A small chap, crack or ulcer, giving intense pain during the passage of a motion, and even for hours after. *Treatment*—*Free purgation* (pp. 95 to 97); and locally, *Tannin* (360); *Iodoform* (373); *Cocaine*, *Plumbum*, *Salicin*, (396 to 399), etc.

*Fistula in Ano*—A fistulous track by the side of the rectum, through the fibres of the sphincter ani, in consequence of ulceration of the mucous membrane. *Treatment*—*Copaiva* (106), and *tonics* (p. 69); and locally, *astringent and stimulating injections* (361, 364 and 378); or the *ligature*. The only effective cure, however, is the *knife*: division of the sphincter, etc.

PROLAPSUS ANI—An eversion of the lower portion of the rectum, and its protrusion through the anus. *Treatment*—*Catechu* or *Ferrum*, as injection (378). See Rectal diseases.

*Pruritus Ani*—A violent itching of the anus, generally complicated with a fissured state of the surrounding skin. *Treatment*—*Sublimate* (339); *Caustic* (343); *Atropine*, *Creosot*, *Phenol* (350, 352 & 372). At the same

time *alkalies* or perhaps a *tonic* treatment (pp. 54 & 69).

*Atresia Ani*—A congenital closure of the rectum. *Treatment*—The infant having been placed on its back, and the thighs elevated by an assistant, so as to expose the occlusion, an *incision* is made with a bistoury. A small pledget of *lint*, greased with some ointment, is then introduced and kept there for two days. Afterward an *injection* of a little warm water should be given to produce a free evacuation.

APHONIA—Loss of voice, due to paralysis of the *spinal accessory*—unless it be the result of laryngitis—and frequently associated with hysteria. It may occur from pressure on the *recurrent laryngeal* by some tumor; or be a consequence of cerebral embolism and thrombosis. If purely a functional affection, the whisper is soft, but *clear*, whilst if due to inflammation, it is *husky* and *labored*. *Treatment*—Aside from shower-baths and proper attention to general health, *counter-irritants* (408 & 11); *Belladonna* plaster or *electricity*, (p. 148), provided it be simply neurotic, without involving lesions in the nervous centers, nor pressure on either, the *par vagum* or the *recurrent laryngeal*.

APHTHÆ. (*Stomatitis simplex*.) See mouth.

APOPLEXY—A sudden loss, more or less complete, of sensation and motion in consequence of some kind of pressure on the brain. See Brain (Hyperaemia). *Treatment*—The head should be moderately raised, the clothing round the neck loosened and *stimulating* applications (409 & 11) to extremities if cold. If from active congestion, *cold* compresses to the head; *Calomel* (p. 92); *Croton* (225 & 385); *Belladonna* (p. 23); or *Atropin* hypodermically (241); *Aconite* (p. 22); *bleeding*, etc. If

from passive hyperaemia or embolism, *brandy* (p. 73), to prevent paralysis of the heart.

**ARTHRITIS**—A specific inflammation dependent on lithaemia, and accompanied by the deposition of urate of soda in and about the joints, especially of the feet and hands. Aside from a considerable redness of these joints, gout is characterized by severe *nocturnal pains* in the *first joint* of the *great toe*; and generally associated with digestive disturbance. *Treatment*—The limb should be kept in an elevated position, and after having painted the joint with *Iodof.* (401), covered well with cotton. For the relief of pain, *Opium*, *Bell.* or *Hyoscyamus* (pp. 23, 33 & 35); if feverishness, *Aconite* (p. 22); *salines* (p. 96); *Aloes* (200); *Lithium* (110), *Salicin* (27 & 30); *Guajac* (11). The diet must be light. In the chronic form, *Iodine* (p. 14 and no. 402); *salines* (220), and *alkalies* (pp. 53 & 97); if flatulency *Ammon.* (93). In rheumatic gout, *alkalies*; *Salicin*; *Colch.* (pp. 48 & 90); *Benz.* (p. 46); *Arsenic* (2). In Arthritis nodosa, *Salicin* (p. 18); *Lith.* (412), as application to the gouty concretions.

**ASCARIDES.** See Helminthiasis.

**ASCITES.** See Hydro-Peritoneum.

**ASPHYXIA NEONATORUM**—An infant at birth apparently lifeless. *Treatment*—If a child be born in an apoplectic condition, as shown by swelling and lividity of countenance, the cord should be divided at once, and about two teaspoonsful of blood allowed to escape. Any mucus or clot must be removed from the mouth; the face exposed to the air and sprinkled with *cold water*; or the child may be *dipped alternately into a cold and a warm bath*; or *artificial respiration*. For Asphyxia from drowning, hanging, etc., see page 1.



**ASTHMA BRONCHIALE S. NERVOSUM**—A paroxysmal difficulty in breathing, which is of a wheezing character, and associated with a distressing cough, dependent on a spasm of the muscular fibres of the smaller bronchi, bronchitis or emphysema frequently co-existing. (A peculiar combination of asthma with coryza and bronchitis, occurring in summer in persons with a peculiar idiosyncrasy, is called Hay-asthma.) The paroxysm is characterized by a sense of constriction, coupled with a feeling of great anxiety, the patient *not* being able to recline. **Treatment**—During the fit *strong coffee* may be tried; inhalations of *Chlorof.* (304); *Asa fœtida* (311), or *Nitre* (325); *Brom* (50); *Chloral* (60); *Cyan* (66); *Grindelia* (72); *Lactucar.* (74); *Lobelia* (75); *Colch.* (105); *Bell.* (p. 24); *Cannab.* (p. 28); *Gels.* (p. 33); *Ipecac.* (pp. 82 & 100); *Jod.* (pp. 14 & 15); *Conium* or *Stramon.* hypod., (248 & 9); etc. If bronchitis present, *Arsenic* per os, hypodermically, or inhaled (pp. 9, 107 & 120). In A. pituitosum, *Apomorphina* (96). In hay-fever, if catarrh predominates, *Cocaine* (285).

**ASTIGMATISMUS.** See Eye (Vision).

**ATAXIA LOCOMOTOR** (*Tubes dorsualis*)—Unsteady and disordered movements of the extremities on account of impairment or loss of the ability to combine and direct muscular movements by the will, and dependent chiefly on sclerosis of the posterior columns of the spinal cord. **Treatment**—*Aurum* (p. 10); *Argentum* (p. 74); *Phosphor*, *Zinc* (pp. 85 & 87); or *dry stimulation*, see Electricity, page 149; eventually an *antisyphilitic* treatment.

**ATELECTASIS** (*Apneumatosi*)—Collapse of pulmonary lobules. See Broncho-pneumonitis. Congenital atelectasis in the newly-born is characterized by rapid and



weak breathing, a feeble cry and cyanosis. See *Asphyxia*.

ATRESIA ANI ET VAGINAE. See *Anus*, resp. *Vagina*.

ATROPHY. PROGRESSIVE MUSCULAR (*Wasting or Creeping Palsy*)—A spinal *amyotrophic* affection, characterized by a wasting of *some* muscles, whilst *adjacent* ones remain intact, thus producing many deformities. The claw-like hand—*la main en griffe*—due to paralysis of the *interossei*, is a frequent, and therefore characteristic deformity. *Treatment*—Next to a judicious diet, *Potass* (31); *Calomel* (pp. 92 & 93); *stimulating* embrocations (409 & 11), and *electricity* (p. 148).

BALANITIS. See *Gonorrhoea externa*.

BALDNESS (*Calvities*) and BARBER'S ITCH (*Tinea Syccosis*). See *Head*.

BARRENESS. See *Sterility*.

BASEDOW'S DISEASE. See *Bronchocele*.

BASILAR MENINGITIS. See *Meningitis* (tubercular).

BEDSORES. See *Decubitus*.

BILIOUSNESS. See *Dyspepsy* (acute).

BITES AND STINGS of insects, etc., may be treated with *Caustic, Ammonia* (407), etc.; of poisonous snakes, *Alcohol, Ammonii Carbonas* (pp. 72 & 73). See page 6.

BLADDER—*Irritable bladder*, unless due to inflammation or organic disease, may be caused by irritation of adjacent organs; an irritating state of urine; nervousness (as not uncommon in elderly people); general debility, and cold. It is characterized by *frequent inclination* to pass water with or without spasm. *Treatment*—Above all, removal of cause, as piles, ascarides, etc. Attention should be paid to the urethra, as stricture will produce occasionally a form of incontinence, which is amenable to cure only by the sound. *Soothing* medi-

cines, as *Bell.* (p. 24), may be of use in nervous cases. In cases with alkaline urine, *mineral acids* (152 & 153); for debility, *Nux Vomica* and *Ferrum* (pp. 79 & 83), etc. *Enuresis Nocturna* (*Naechtliches Bettnaessen*)-Nocturnal incontinence, which arises from such causes as enumerated, and which is common in delicate children, is to be treated on the same principles. Aside from the remedies mentioned, *Ferr. iod.* (p. 15), may be tried, or *Capsella* (p. 134). If from irritating urine, *Chloral* (p. 30), etc., and perhaps a *blister* (408), to sacrum; if the urine is not irritating, *Canth.* (p. 47), in minute doses. If there be hyperæsthesia of the organ, the child should be made to sleep on its side, so that the urine may not be kept upon the over-sensitive surface of the *trigone*.

*Cystitis*—Catarrhal inflammation of the mucous membrane lining the bladder is generally a consequence of irritation—ill-treated gonorrhoea, gout, stone, etc. It is characterized by severe pain about the perineum, groins and sacrum; frequent micturition, with tenesmus—sometimes retention of urine—and fever. The urine at first bloody, contains afterward mucus or a mucopurulent sediment. *Treatment*—*Fomentations* and, if necessary, *leeches* with *Calomel* (p. 92), or *Nitre* (122), or *alkalies* (pp. 53 & 93). To relieve pain and tenesmus, *Opium per os, per anum* or *hypod.* (pp. 56, 110, 135 & 36); *Bell.*, *Chloral*, *Hyoscyamus*, etc. (pp. 24, 30 & 33). In the chronic form, which is mostly a consequence of irritation from stone (see *Calculi*), diseased prostate, stricture, or gout, there is less pain and no fever; but the urine is, as a rule, alkaline, and sometimes so viscid as to cause *retention* by blocking the urethra. *Treatment*—Removal of cause as far as possible. For pain, *Opium*

*supposit.* (375); in strangury, *Brom*, *Camphora*, *Cannabis* (pp. 27 & 28). Of special value are, barring *Pareira* (114), *Arctostaphyl.* and *Buchu*, or *Chian turpentine* (101 & 151); *Benzoin*, *Lith.* and *Copaiva* (98, 106 & 110) are also much employed. *Lycopod.* (76) is occasionally of use. If the urine is very ammoniacal, *warm water*, pure or acidulated with *Acid. nitric.* injected by means of a catheter with double passage, is highly useful. *Resorcin* (335) is likewise recommended.

*Paralysis Vesicae*—If the *Detrusor urinae* alone is paralyzed, there will be retention of urine (*Ischuria paralytica*); if the *Sphincter vesicae*, incontinence (*Enuresis paralytica*). In the first case there is complete *anaesthesia*, the patient not feeling the want of emptying the bladder, which will be seen as a hard rounded tumor, reaching sometimes nearly to the navel; in the latter, the water is dribbling away; though mostly both, incontinence and dribbling, exist, not because the water cannot be *retained*, but because it cannot be *voided*: the bladder will never be *quite* empty. Paralysis, unless due to injuries or disease of the head or spine, operations about the perineum, etc., is generally a consequence of prostatic disease or stricture (see these affections); but it may also occur to *nervous* people, who allow the bladder to become over-distended. *Treatment*—In retention, or when, in spite of incontinence, the bladder is found distended, the *catheter* (330), is required. In pure palsy *Ergot* and *Ferrum* (pp. 65 & 67), will generally meet the case; *Strychnine* or *Cantharides* (pp. 83 & 75), are sometimes of service; also *Buchu* or *Arctostaphylum*; sometimes *Benzoin* (p. 46), *Cubeba*, or *electricity* from the pubes to the sacrum. Dribbling in

old people is occasionally benefited by *Erigeron* or *Rhus* (141 & 149).

*Spasmus Vesicae (Cystospasmus)*—If the *Detrusor* alone is affected, there will be continued dribbling of urine (*Enuresis spastica*); if the *Sphincter*, either complete retention (*Ischuria spastica*) or difficult micturition (*Dysuria spastica*); and if both muscles are implicated, there will be tenesmus with retention. Cramp of the bladder is sometimes caused by irritation of adjacent organs, but generally it is due to nervous excitement—fright, etc.—and cold. The fits, which usually last but a few minutes—at the end of which a great quantity of urine may be passed—are characterized by an excruciating pain about the perineum, shooting toward the point of the urethra and testicles, followed often by vomiting, sometimes by syncope. **Treatment**—**Fomentations** to the perineum, or a **warm bath**—a **cold douche** against the perineum will frequently cut the fit—in conjunction with **sedatives**—**Camphora**, **Hyoscyamus**, **Lupul.**, **Lycopod.**, etc. (54 & 76). Retention of urine, caused by *spasmodic stricture*, requires, if the symptoms be urgent, the *catheter* under **Chloroform** or with **Cocaine** (330). [Retention should not be confounded with suppression—see *Ischuria renalis*]. **Hot applications** and a little **Chloroform** or **Dover's powder** (79), followed, if necessary, by **Castor oil**, will frequently suffice; sometimes **Soda** (p. 55) is of benefit; or a **suppository** (375); **Tinct. Ferri chlor.**, 10 drops about every ten minutes, acts often like a charm, if the spasm arises from dietetic errors. If produced by cantharides, **Camph.** with **Hyoscyam.**; and in case of inflammation of the urethra, **leeches** must be applied. Sometimes **aspiration** (p. 123) is the only

remedy left. In *hysterical retention*, where it is due to want of will rather than to want of power, *one* introduction of the *catheter* effects often the cure; else an *anti-hysterical* treatment—*Pulsatilla* (p. 16), etc., would be indicated. Retention from *pressure* of the prolapsed uterus on the neck of the bladder, or of the gravid uterus during the last months of pregnancy, requires *catheterization* (p. 125). Retention of urine in infants is generally relieved by *Hyoscyamus* or *Spīr. nitricæthereus* (p. 33). For treatment of *Hæmaturia* see Hemorrhage from the bladder.

*Prolapsus Vesicæ*—Barring a frequent desire to pass water, especially at night, prolapse is characterized by a *dragging pain about the umbilicus*. This pain, which is also a symptom of procidentia uteri, and which is worse *before* micturition, depends on the tension of the *superior ligament* of the bladder (formed by the remains of the two umbilical arteries), which passes from the fundus of this organ to the navel. After having passed a catheter into the bladder, the instrument may, by raising its free extremity, be pushed *outward and downward*, so that its point can be felt *against* the protruding bladder. *Treatment*—Aside from the regulation of bowels, the restoration of the organ to its position, and keeping it *in situ* by means of an *india-rubber ball* or a *sponge*, an *astringent wash* (359 & 61) should be injected twice daily into the vagina, whilst a *catheter* is constantly kept in the bladder.

BLEEDING WOUNDS. See Hemorrhage.

BLENNORRHOEA. See Vaginitis.

BLEPHARISM. See Eye (Lids).

BOIL. See Furuncle.

**BRAIN—Anaemia**—A deficiency of blood in the brain, due to congestion of other organs, vasomotor spasms, heart disease, and above all, to much loss of blood. If the hemorrhage is sudden, there will be *fainting*. Chronic anaemia is, aside from occasional faints, fits of vertigo and blindness, characterized by a weak pulse, pain in the forehead, *tinnitus aurium*, sleeplessness and frequent dreams. *Treatment* according to cause. *Zinc* and *Phosphor* (pp. 85 & 86) are good tonics. During the fit, *brandy*, *Camphora*, *Valeriana* (pp. 27 & 28), etc. See Syncope.

*Hyperaemia*—A congestion of the brain, active or passive—the former, consisting in an excess of arterial blood, is due to the increased force of the heart's action, paralysis of vasomotor nerves, etc.; the latter an excess of venous blood, produced by an impediment to the return of blood from the head, as pressure of the *jugularis* in goitre; of the *vena cava* by aneurism, and other tumors, etc. The acute form is characterized by headache, with a sense of fullness or weight and heat; flushed face, intolerance of light or scintillations; vertigo, *tinnitus aurium*, and sleeplessness. In more severe cases there will be strong pulsation of the *carotids*, mental confusion, delirium or convulsions. [In apoplexy from cerebral hemorrhage or embolism there is *hemiplegic* paralysis]. *Treatment* similar to that of apoplexy. *Dry cups* to neck; *stimulating pediluvia* (419); *Brom*, *Chloral*, *Gelsemium* (pp. 27 & 33); or *Ergot* (pp. 65 & 78); afterward *salines* or *Colchicum* (pp. 48, 90 & 96), with regulation of diet. In the passive form, which is characterized by more or less *cyanosis*, turgid veins of the head, somnolency and dullness of mind, the obstruction must be removed as far as possible.

*Encephalitis*—Inflammation of the substance of the brain is always limited, the foci varying in size from a pea to a walnut, and eventuating either in *softening* and *abscess*, or *sclerosis*. The former, unless traumatic, is generally a sequel to caries from disease of the ear, nose, or orbit, etc. *Acute Cerebritis* may begin with an *apoplectic* fit, which, however, will have been preceded by *mental aberrations* for some time; sudden and complete *hemiplegia*; or simply with a stage of irritation. (See *Meningitis*). If chronic, it is like *induration*, attended by cephalalgia, vertigo, vomiting and tremor, in conjunction with mental dullness, failure of memory, and sometimes *aphasia*—the latter if the morbid change is in the left anterior lobe of the cerebrum, near the island of Reil. *Pathognomic* of sclerosis are *successive* paralytical manifestations of an hemiplegic nature, according to the seat of the lesion, and the jog-trot gait (*festination*) of the patient, whose body, when standing, appears more or less stooped. *Treatment* of acute encephalitis requires the remedies indicated in hyperæmia; *Cold* to head; *blisters* to scalp, and *cathartics*, according to the severity of the case. In the chronic form, next to rest of body and mind, *tonics* with mild *revulsives*—*Brom*, *Chloral*, *Phosphor*, etc., according to circumstances. In sclerosis (a hyperplasia of the neuroglia, the analogon of the connective tissue in other situations), which may affect an entire hemisphere: *Barium* (5); *Phosphor* (154 & 194); *Sublimate* (p. 13), etc.

*Tumors within the cranium* will, aside from their quality and situation—which may produce special effects—sooner or later occasion symptoms dependent on softening, inasmuch by pressure they either excite cerebritis,



thereby inducing softening; or interfere with nutrition, thus leading to non-inflammatory softening. Both kinds are generally followed by hemorrhagic extravasations. (Softening from suspended nutrition—*necrobiosis*—is also caused by embolism, thrombosis, atheroma, etc., and can therefore not be treated as a special disease). *Treatment*—*Arsenic*, *Mercury* and *Jodine* (pp. 9, 13 & 14), may be tried, even if the tumor be non-syphilitic.

The diagnosis of locating a disease within the cranium, has its difficulties. Thus, lesions of the *cerebellum* may remain entirely latent, though, as a rule there are disturbances of co-ordination (*cerebellar ataxia*, and dizziness, which may be superadded by vomiting and amblyopia; even amaurosis may result. Lesions of the *pons Varolii*—especially hemorrhage—may be diagnosticated, if there exists *crossed* paralysis: Facial on one side, and paralysis of the extremities on the other. Lesions of the *medulla oblongata* are the only central lesions, which can cause aphonia—see Paralysis (bulbar). Hemorrhage into the medulla proves fatal, either instantaneously or within a few hours. Lesions of the *crus cerebri* produce a *crossed* paralysis: On the one side of the *oculomotorius*, characterized by ptosis, dilatation of pupil, external strabismus, combined sometimes with double vision, and vertigo; on the other side there is loss of motion or hemianæsthesia. Lesions of the *corpora quadrigemina* lead always to blindness. Characteristic of lesions of the *motor cortical zone*—the anterior and posterior central convolutions with the paracentral lobules—are the localized paralyses known as *monoplegia* and *dissociated hemiplegia*, etc., etc.

BREAK-BONE FEVER. See Scarlatina rheumatica.



BREAST—*Mastitis*—Inflammation of the breast should be treated with *fomentations* and *poultices*; or, if very severe and the pulse good, a *purgative* or *leeches*. As soon as suppuration is evident, an *incision*, *radiating* from the nipple (to avoid cutting the lactiferous ducts, as far as possible) must be made; and a small tent of lint may be inserted between the lips of the opening, which should be removed several times a day, whilst the fomentations are continued. When the inflammation has subsided, *antiseptic* dressings may be employed, after having supported the breast properly by *straps of adhesive plaster*—see Abscess. *Tonics* (166) to invigorate the system will generally be found useful.

In simple *engorgement* the application of the infant or of a pup will suffice to remove distension and prevent an abscess. If the nipple is so flattened that the child cannot grasp it, an empty, previously with hot water heated bottle, may be turned over it, and the nipple will elongate, whilst the milk is spurting out. If the milk should be *too abundant*, solid food in conjunction with *salines* (p. 96) to keep the bowels open, will be indicated. *Engorgement* after weaning, or when there is already pain, demands at the same time *Antimony* (p. 23); *Pulv. Doveri* (pp. 37 & 38), and locally *Oleum Camphoræ*.

In cases, where after delivery the secretion of *milk* is *tardy*, plenty of gruel is the remedy. A *poultice* of *Fol. Ricini* to breast, and steam of a decoction of same to vulva are sometimes used—the latter, by making the patient sit over it, ricinus being supposed to be both *emmenagogue* and *galactagogue*.

*Sore Nipples* may be washed with *brandy* and *water*, each time, after the child has been removed. If they

are very sore, *Tannin* or *Cocaine* (396 & 415), etc., etc. (Sore nipples may be altogether avoided by washing them with cold water, and pulling at them daily for several months *before* confinement.

*Mastodynia*—Neuralgia of the breast is characterized by an excessive sensibility or piercing pain in the breast, *passing on to the shoulder, sometimes to the elbow and even fingers.* It is generally associated with undue irritability of the constitution, especially an abnormal state of the menstruation; and frequently accompanied by an irritable tumor, sometimes not larger than a pea, *movable*, and often very sensitive, which may be discriminated from *scirrhus*, by the latter being of great hardness, the skin, covering it, becoming *adherent* and of a tuberculated character; whilst the pain, though lancinating, is usually *limited to the breast.* **Treatment** must be *anti-neuralgic*, with attention to the general state of health (p. 91). See Neuralgia.

BREATH, FOUL. See Mouth.

BRIGHT'S DISEASE. See Kidney (Nephritis).

BRONCHITIS (*Cold in the chest*)—An inflammation of the large bronchial tubes, with or without fever, mostly preceded by a catarrh of the nose and upper air passages; and unless a complication of other diseases, as measles, variola, typhus, emphysem, etc., due to cold or an atmospheric influence of some kind—see Catarrh. Bronchitis is characterized by an obtuse, *substernal* pain, together with a peculiar *sore* or *raw* feeling, especially on coughing. *Dry or moist râles* are generally present; but the results of percussion are *negative.* **Treatment**—*Pulvis Doveri* (79) at night, followed by stiff grog and a *pediluvium*, at the commencement will generally cut the

disease. *Quinine* and *Salicin* (pp. 11 & 18) are said to abort the disease too. Locally, *Mustard* or some *stimulating liniment* (409); but *no* blister. Nor should expectorants be given in the first stage, as they tend only to increase the inflammation; but water may be kept boiling on a stove, as the inhalation of *steam* will always afford relief. At the same time one of the following remedies is sure to meet the case: *Ammonium* or *Apomorph.* (94 & 96); *Potass.* (119 & 122); *Veratrum* (84); *Opium* (78 & 113)—this is contra-indicated if the efforts of expectoration are inadequate to prevent the accumulation in the bronchi, in which case *Potassii Jodidum*. If feverishness, *Aconite* or *Antimony* (pp. 22 & 23). In a child, occasionally a mild *emetic* (p. 101).

The *chronic form*, unless associated with emphysem, tuberculosis or cardiac disease, involves the same causes as the acute; often it depends on climatic causes, occurring every winter, to disappear again in the warm season. *Treatment*—Most remedies employed in acute catarrh; though *Pot. Jod.* (p. 14 & 15) is perhaps the most reliable. *Copaiva* (pp. 48 & 49) is sometimes of value; and a glass of *Selterser* with *hot milk* every morning is of great benefit in cases of old standing, especially in conjunction with *tonics* (pp. 75 & 76). If cough troublesome, *Cyan* (67) or *Opium*—see Cough. In hypertrophy of the *mucosa* (*Bronchoblennorrhœa* or *Phthisis pituitosa*), characterized by abundant expectoration, sometimes fetid, and easily brought up, *antiseptic* inhalations (302, 324 & 334). If emphysem (*Catarrhus siccus*), characterized by wheezing, shortness of breath and asthmatic paroxysms, inhalations of *tablesalt*, *Ammonia* or *Iodine* (306 & 321); *Arsenic* (pp. 9 & 120), is occasionally the

remedy. If atrophy (*Bronchorrhœa serosa*), combined with asthma or valv. lesions, and characterized by short breath and abundant *watery* expectoration, especially in the morning, *Tannin*, *Creosot*, *Uva Ursi* or *Tar* (pp. 52 to 68); with *astringent* or *soothing* inhalations (315 & 323). For *Epidemic Bronchitis* see Influenza.

BRONCHITIS CAPILLARIS—An extension of the inflammation of the larger bronchi to the smaller tubes—*very liable in children and old people*. This affection never gives rise to acute *lobar* pneumonitis, though there may supervene inflammation and collapse of pulmonary *lobules* in consequence of the accumulation of mucus, constituting broncho-pneumonitis. It is attended by accelerated breathing with dilatation of the *alæ nasi* (*Nasenflügelathmen*), dyspnœa, more or less lividity, an extremely painful cough, short and jerking speech, etc. The disease being bilateral, *moist râles*, coarse, fine and finest (subcrepitant)—*gross, klein und mittelblasiges Rasseln*—according to the size of the tubes, exist on both sides, and may be heard best at the back. Diagnostic are the *sputa*, which, consisting of mucus from both the larger and smaller bronchi, *will float on water*, the mucus of the latter, on account of its *greater* specific gravity—not being mixed with air, like the former—*hanging rope-like into it*. A rise of temperature to 103 or 104 degrees and dull percussion are signs of complications—see Broncho-pneumonitis. *Treatment* as indicated for bronchitis of the larger tubes; especially inhalation of *warm vapor* by keeping the atmosphere of the room charged with steam. To excite deep inspirations and prevent *atelectasis* the child may have *cold affusions* directed toward the *nuca*, after having been placed in

a *warm bath*. I use, whenever practicable, the *wet pack* (420), with *Priesnitz' compress* (298). A nutritious diet with *brandy* (73), and *tonics* are of the greatest importance.

BRONCHO PNEUMONITIS (*Bronchopneumonia Infantum*)—Lobular Pneumonitis is a lobular inflammation of the lung tissue, *superadded* to the bronchial affection, and incident chiefly to childhood. Being characterized by the symptoms of bronchitis capillaris, it cannot be differentiated from it, unless a high temperature, but above all, *dullness* can be demonstrated—a *vesiculo-tympanic* sound on percussion at the upper lobes indicates emphysematous lobules. As the pyrexia is proportionate to the acuteness of the bronchial inflammation and to the extent of lung involved, the affection, which will also occur in the course of pertussis, and be a sequel of other diseases, especially of eruptive fevers, may be of great severity, or comparatively devoid of danger. In very young children it is usually preceded and accompanied by *apneumotosis*. The most frequent termination of the lobular inflammation is as in lobar pneumonitis in resolution, the inflammatory product undergoing fatty degeneration, which, after having been emulsified with the transuded serum, is absorbed. The caseous metamorphosis leads to the development of phthisis. *Treatment* is that of bronch. capill., as there are no other means but the *cold affusions* for the prevention of atelectasis.

BRONCHOCELE (*Basedow's Disease*—*Hypertrophy of Thyroid Body* and *Prominence of the Eyeballs*)—Exophthalmic Goitre is associated with functional disease of the heart, throbbing of the arteries, loud whirring—*anæmic purr*—during the systole, and in the arteries and veins; and consequent great nervous excitement.

*Treatments* should be anti-hysterical—*Valeriana & Ferrum* (pp. 29 & 79); *Brom* or *Conium* (pp. 24 & 31); *Barium* or *Jod* (pp. 10 & 14); with *purgatives* (p. 89); or *Aconite* (p. 22). Locally, *Jod* (20), or *Phenol* as injection (372 & 398). If apoplexy or suffocation is threatening, the *seton*, *electrolysis* (p. 149), or the *knife*.

BUBO—AN inflammatory swelling of a lymphatic gland, especially in the groin, due to some kind of irritation; but usually in connection with a *venereal sore* or *gonorrhœa*. *Treatment* like that of abscess. After inflammation has subsided the tumor will often disperse by painting it with *Iodine* (20 & 402); pressure by means of a pad and bandage, event. *cold water* compresses, in conjunction with *purgatives* (219). If, however, the skin becomes thin and shining, a *free and vertical incision* should be made to prevent pocketing of the matter. If the bubo be specific, an *anti-syphilitic* treatment is indicated—see Syphilis. The *indolent bubo*, when followed by infiltration and threatening abscess, requires *tonics* (p. 76), with *Iodine* or *small blisters* (408) locally.

BURNS AND SCALDS. See Combustio.

CACHEXIA. MALARIAL—A depraved state of the system due to slow but continued absorption of malaria poison, or following protracted cases of intermittens. The peculiar hydræmic condition is characterized principally by an enlargement of the spleen (*ague cake*), and a sallow, more or less œdematous face. *Quinine* is the remedy (pp. 11 & 75). See FEVER (Intermittens).

CALCULI. BILIARY—Stone-like concretions in the gall-bladder. See Colic (hepatic).

CALCULI. RENAL—Stones in the kidney are usually composed of *lithic acid*, known by the deposit of red

sand from the urine; *calculi of oxalate of lime* are less common; and *phosphatic stone*, which indicates incipient disease of the organ, is still more rare. The presence of stone is characterized by pain in one or both loins, irritation and retraction of the testicles; occasional inflammation of the organ, and sometimes bloody urine.

*Treatment*—Next to *diluents* and *diuretics*, as *Vichy water* and *Potassium* (pp. 53 & 6), mild *aperients* (pp. 96 & 7), and *warm enemata*. In case of inflammation, a *warm bath*, *fomentations* or *ice* with *sedatives* (p. 20); if the inflammation very severe, *leeches* or *cupping*. *The passage of the stone through the ureter* causes sudden and severe pain in the loins and groin, subsequently in the testicles and inside the thigh, with spasmodic contractions of the former, accompanied by violent vomiting, faintness and collapse, and may last from two to three days.

*Treatment* consists of plenty of *diluents*; the *warm bath*, and *emollient enemata* (386), with large doses of *Opium* and *Chloral* (pp. 30 & 35), or *Chloroform* inhalations (304).

CALCULI. VESICAL—Stone in the bladder is either from the urine or from the mucus of the bladder, dependent on prostatic disease; or if foreign bodies are introduced into the bladder to serve as nuclei, in which case they consist of *phosphates*. The symptoms are: Irritability of the bladder, with frequent desire to make water; occasional sudden stoppage of the stream; occasional passage of blood; occasional pain at the neck of the bladder, always most severe after micturition; and a pain in the *glans penis*. Sooner or later the urine becomes alkaline, and loaded with viscid mucus and phosphate of lime. *Treatment*—After the existence of the stone has been ascertained by means of a sound, *litholysis: Acid*.



*nitric. d.* injected as in chronic cystitis, will reduce the size of phosphatic calculi, or dissolve them sometimes altogether. The continued use of *Vichy water*, or a solution of *Sodii Bicarbonas*, saturated with *carbonic acid*, will also disintegrate lithic calculi. See Urinary Deposits. In obstinate cases recourse must be taken to *lithotrity* or *lithotomy*.

CALVITIES (*Baldness*). See Head.

CANCER. See Carcinoma.

CANCERUM ORIS (*Stomatitis gangrenosa*). See Mouth.

CARBUNCLE (*Anthrax*)—An exaggerated boil of a gangrenous nature, sometimes attended with fever, and always dependent on a vitiated state of the blood. *Treatment*—*Fomentations* and a brisk *purgative* (p. 92). Afterward *Ungt. Belladonnæ* or *Phcnol-Iod* (400 & 402), if very painful; or *Iodine* (20) to produce vesication; and if necessary, free *radiating incisions* at early stage. Internally, *sulfides* (pp. 18 & 19); *Opium* (p. 35), and *tonics* (pp. 71 & 76), in conjunction with a generous diet, including wine and brandy. See Abscess. For *Carbuncle of genitals* see Vulva (*Vulvitis gangrenosa*).

CARCINOMA—A peculiar malignant growth, making constant progress, destroying and causing absorption of the invaded tissue, tending towards suppuration and infection of the lymphatic glands, thus reproducing itself at distant parts, and even recurring after extirpation. Cancerous tumors are characterized by a *stony hardness* and severe pain of an intermittent and neuralgic kind, felt in the tumor *itself as a sharp stabbing or burning sensation*, and followed sooner or later by general *cachectic* symptoms. *Treatment*—Injections of *Arg. nitr.*, *Phenol* and *Pepsin* (327, 98 & 103), or *Ozonewater*



(0.1:500.0) may be tried; but if they fail to arrest the growth, *extirpation before* the corresponding lymphatics become affected is the safest plan. If not practicable, *Opium* (p. 35) and *tonics* (p. 76), with *Belladonna plaster* or *Chloroform liniment* (411), for the relief of the neuralgia. After ulceration, according to circumstances, either *soothing* applications, *Opium* (358, 65 & 400); *Bell.*, *Chloroform*, *Iodoform* (350, 51 & 75); *Bism.* (351 & 93), etc.; or *stimulating* ones—*blackwash* (400); *yeast poultice*; *astringents*—*Tannin*, *Zinc* or *Iron* (338, 41, 45 & 77); or *antiseptics*—*Phenol*, *Creosote* (337 & 52), etc. A small bag of *charcoal*, dry and wrapped in flannel, may be laid over the wound to absorb the effluvia. (Poultices should not be applied too warm for fear of excoriating the surrounding skin; though it may be remedied by dusting the part with bismuth or tannin.

*Carcinoma Ventriculi*—Cancer of the stomach is attended by pain of a burning and lancinating character, which increases upon pressure; by vomiting of *sarcina* and blood; and often by a peculiar *greenish-yellow* complexion, the so-called *cancerous cachexia*. *Treatment*—Above all, a nourishing diet, as eggs, buttermilk, etc.; if necessary, *Pepton* (p. 84) and *rectal* alimentation (387). Cathartics should be avoided. If pain or vomiting, *Arsenic* or *Bismuth* (pp. 10 & 46). *Chian Turpentine* is recommended. (There are four varieties of Carcinoma: the *medullary*, the most malignant and vascular; the *colloid*, which is the least vascular and malignant; the *epithelial*; and *scirrhous*, which latter is of a stony hardness, slow growth, and consists principally of a dense fibrous tissue).

*Carcinoma Uteri* is most frequently medullary cancer,

presenting the features of *fungus hæmatodes*. The epithelioma, which attacks the mucous membrane of the os, may present itself either in *ulceration* of this membrane, or in the development of *cauliflower excrescences*. In the incipient stage, where the only symptom may be menorrhagia, the os having a *nodulated and hard* surface, cauterization with *Argentum nitricum* or *Potassa c. Calce* at intervals of five or six days, without paying attention to the discharge of blood, may avert still the disease, as they will improve the condition of those parts and promote a slough of the cancerous mass. If, however, more advanced—the womb enlarged, *immovable*, the lips *everted and ragged* with deep ulceration, *much hardness* in the surrounding tissue, the vagina and rectum both being involved in the induration, attended by profuse loss of blood (see Hemorrhage); mucous, mucopurulent or serous, sometimes *very fetid* discharges; by pains in the hips, thighs and uterus; with increased weight, extreme prostration, frequent vertigo and sick stomach—*Treatment* can be but palliative. Cauterization for temporary relief, with *Iodine* (20); *Chrom*, *Benzol*, *Mangan* (402 & 3); *Cuprum*, *Liq. Hydr. nitr.* (344 & 47), etc. But the speculum must not be unnecessarily introduced, as it will aggravate the pain and may cause flooding. To alleviate pain, *Arsenic*, *Silicium* or *Hyoscyamus* (pp. 10, 19 & 27); and locally *Opium* (365 & 75); *Belladonna* or *Chloral* (350 & 65); *Iodoform* and *Conium* (373 & 75); if nothing of avail, *ice* (342), or a *blister* to sacrum, dressed with about two grains of *Morphia*, and repeated according to the emergency. In mucous or serous discharges, *Acid. nitric.*, *Alum*, *Creosote* (362 & 63). Constipation should be relieved by the use of *enemata* (386).

CARDIAC DISEASE. See Heart.

CARDIALGIA. See Dyspepsia.

CARIES—Ulceration of the soft part of a bone, dependent on some constitutional disorder (scrophulosis, syphilis, etc.), requires appropriate *Treatment* of cause, and locally injections of *Acidum nitricum v. phosphoricum dil.*, after having removed the diseased part by forceps or gauge. See Necrosis.

CARPHOLOGIA. See Subsultus tendinum.

CARUNCLE URETHRAL. See Urethra.

CATALEPSY—A form of hysterical coma, the sensory functions, volition and consciousness being suspended; with the addition of a peculiar wax-like rigidity of the voluntary muscles, retaining the limbs or the different parts of the body, in any position, in which they may have been placed by the hands of others. *Treatment* as in hysterical coma. If the paroxysm should last for weeks or months, *forcible* alimentation must be resorted to; afterward any derangement of the organs of generation should be attended to.

CATARRH OR COLD *par excellence* (*Schnupfen*) is a catarrhal inflammation, which extends over more or less of the mucous membrane that lines the tract, leading from the nose to the lungs, its distinctive name being derived from the particular part affected, as *cold in the head, cold in the throat, cold in the chest*, etc. *Treatment* as indicated in bronchitis, coryza, pharyngitis, etc.—*Pulsatilla* and *Antimony* (pp. 16 & 23); *Ferrum, Cocaine* or *Phenol* (285, 89 & 99); *Alum, Iodine* (299 & 321, etc. For *Cervical and Intestinal Catarrh* see Uterus (Endometritis), resp. Enteritis.

CELLULITIS. PERIUTERINE. See Uterus.

**CEPHALALGIA**—*Headache* is a neuralgic affection, supposed to depend upon either *spasm* or *paralysis* of the muscular fibres of the arteries within the skull, which is produced by a vaso-motor influence of some toxical agent, acting on the sympathetic nerves. *Treatment* according to cause: If from constipation, *cathartics* (p. 88); if congestion, *Aconite* or *Ergot* (pp. 22 & 65); if syphilitic, *Iodine* (pp. 14 & 15); if from defective menstruation, *Brom* (50 & 53); *Veratrum* (p. 39). In sick headache, *Caffein*, *Guarana* (178, 163 & 242); if periodic, *Salicin* (29); if throbbing pain in brow, *Arsenic* (p. 10). In migraine, *Brom*, *Caffein*, *Cyan*, *Cypripedium* (66 & 69); *Arnica* (p. 74); *Chloral* (pp. 30 & 109); *Camphora* (54, 243 & 314); *Cannabis* (p. 28); *Valeriana* or *Zinc* (193 & 96); *Chloroform* or *Amyl* (37, 246 & 308); *Aconite* or *Veratrum* externally (410), etc. See Neuralgia (trifacial).

**CEPHALHÆMATOMA**—A tumor consisting of an extravasation of blood under the scalp, caused by pressure on the head during parturition, which is soft, painless and slightly compressible. *Treatment*—*Evaporating* lotions and gentle pressure by the cross-wise application of strips of *Emplastrum adhæsivum*, to assist absorption.

**CEREBRAL DISEASE.** See Brain.

**CEREBRO-SPINAL MENINGITIS.** See Meningitis.

**CERVICODYNIA.** See Myalgia.

**CERVIX UTERI.** See Uterus.

**CESSATION OF MENSES.** See Menopause.

**CHANCRE.** See Syphilis.

**CHANCROID**—*Soft chancre* is a highly contagious, suppurating ulcer of venereal origin; and though, whenever occluded, it may be followed by suppuration of the nearest lymphatic gland (see Bubo); it is but a local

disease, *independent* of syphilis, and, therefore, *without* secondary symptoms, which, however, does not exclude the *co-existence of a chancre*. **Treatment**—If the sore should not be a week old, it may be cauterized with *Acidum nitricum* (329); if older, *Mercury* (347). Other applications are: *Cuprum, Mangan, Tannin, Phenol* (327 & 340); *Iodoform, Jodol* or *Ferrum* (269 & 331). The latter three are of special benefit in *phagedena*. If syphilis is suspected, *Mercury* and *Iodine* (pp. 13 & 15).

CHICKEN-POX (*Varicelli*). See Eruptive fevers.

CHILBLAINS. See Perniones.

CHLOROSIS—*Green Sickness* is a neuropathic affection, occurring in girls at or near the period of puberty, and dependent on an anæmic state of the blood in conjunction with a faulty evolution of the sexual organs. It is generally characterized by a *greenish* complexion and *perversion* of appetite, as a *craving for chalk, slate* and the like. See Anæmia. **Treatment**—Aside from a generous diet with out-of-door life and mental hygiene according to indications: *Pancreatin, Aloes, Calomel* (185, 97 & 208); *Ferrum* and *Quinine* (166, 75 & 253); *Acidum sulfuricum* (129 & 55); *Iod* and *Strychnine* (pp. 15, 82 & 83); *Arsenic* (p. 10); *Cocaine* (168 & 247), etc. Artificial suppression of the menses for a few times by injections of *cold* or *warm water*, with absolute rest in bed, has been recommended in cases where hysteria is a prominent symptom.

CHOLERA MORBUS (*Cholera nostras*)—*Sporadic cholera* is a functional affection of the alimentary canal, produced mostly by indigestion. Its chief characteristics are: *Violent vomiting, speedily followed by purging*, and accompanied by colic pains, anxiety, restlessness and

exhaustion. In severe cases there may be aphonia, cramps of the legs, etc.; but the attacks seldom prove fatal. Generally the various symptoms soon diminish, and after a few hours disappear altogether, even without remedial interference. **Treatment**—*Opium* (77, 255 & 381); *Brom* or *Camphora* (pp. 27 & 28); *Ipecacuanha* (p. 100), if necessary. A *small piece of ice* or a *tablespoonful* of water *and no more* may be allowed at short intervals, to appease a little the intense thirst. *Brandy* (p. 73), if much prostration. Of other remedies may be mentioned *Chloroform* (p. 31); *Veratrum*, *Phenol* (22, 84 & 382), etc.

CHOLERA INFANTUM (*Summer Complaint*)—This name embraces different distinct affections, occurring in children under two years of age during the hot season, especially from June to September: *Sporadic cholera*, *diarrhœa* from indigestion, *enteritis*, *colo-enteritis* and *dysentery*. See these. The development of *hydrocephaloid* during any of these affections is, at least to the young child, almost always fatal. **Treatment**—*Bismuth*, *Creta*, *Catechu* (99, 107 & 135); *Cinchonidin*, *Brom* or *Chloroform* (pp. 12, 27 & 31); *Camphora*, *Opium* (55 & 77); *Argentum*, *Cotoin*, *Pepsin* (133, 37 & 87); *Phenol* as enema (382). Sometimes an *emetic* is required (p. 100). If much thirst, *Nitre* (p. 57); if much prostration, *brandy* (p. 73); if vomiting, *Creosote* (138) and *Mustard* to epigastrium, etc.

CHOLERA ASIATICA—*Epidemic cholera* is a miasmatic contagious disease of the alimentary canal, dependent on some specific germ, which finds its way into it, and preceded generally by a *simple* diarrhœa. It is characterized by *violent* purging—*copious liquid discharges*, the so-called *rice-water stools*—and vomiting, conjoined with

great prostration, coolness of skin or cold perspiration, and sometimes cramps of the muscles; and, if not arrested, followed speedily by collapse—the *algid or cyanosed stage*. *Treatment*—*Prophylactically* it will be well to avoid over-fatigue and undue excitement from whatever source; no unnecessary exposure to night air, and particular attention to diet: Lobster, oysters and pork, with cabbage, peas and beans, especially green corn, cucumbers, melons and the like, should be banished from the table for the time being. *Premonitory diarrhœa* (which is considered by some a salutary process to eliminate the poison), unless already of some duration, may sometimes be stopped by *Calomel* (208), followed by *Castor oil*; *Camphora* and *Ammonia* (55 & 157), are often of use. The best remedy is perhaps *Morphium* (pp. 37, 38 & 110). *Phenol* (22), and *Cocaine* (168 & 247) are also recommended. To control vomiting, *ice* and *brandy* (p. 73), in collapse the latter *per rectum* (380), with external warmth—blankets, hot stones, etc. *Iodine* (p. 15) is said to promptly check vomiting. To arrest cramp, a *warm* enema of *salt* (386) is sometimes beneficial. In my hands has invariably proved successful the *modified pack* (420), with lemonade: 20 drops of *Acidum sulfuricum dilutum* in sugar-water (p. 61), ad libitum.

CHORDEE. See Gonorrhœa.

CHOREA—*St. Vitus Dance* is a neurose, characterized by irregular clonic contractions of more or less of the voluntary muscles, especially of the face and extremities, giving rise to movements which are either involuntary or not under the control of the will. *Treatment*—Next to removal of cause, as anæmia, worms, etc., invigorating measures in conjunction with *tonics*—*Arsenic* alone



(pp. 9 & 107), or if jactitations prevent sleep, combined with *Chloral* (60); *Ferrum* (167), etc; *Argentum* and *Zinc* (pp. 74, 86 & 87); *Cuprum* (170); *Strychn.* (p. 83); *Physo-stigm* (270); *Cocaine* (p. 109); *Anil* (38); *Asa fœtida* and *Ruta* (41 & 81); *Cimicifuga* (104); *Aconite* and *Conium* (pp. 22 & 31); *Oleum Jecoris* (185), etc.

CLERGYMAN'S SORE THROAT. See Pharyngitis (chronic).

COCCYODYNIA. See Myalgia.

COITUS. PAINFUL. See Dyspareunia.

COLD. See Catarrh.

COLICA INTESTINALIS—An affection of the alimentary canal, characterized by paroxysmal spasmodic pains in the umbilical region, accompanied occasionally by vomiting, and dependent on a weak and irritable state of the digestive system. *Treatment*—If from indigestion—*crampulous*, *Opium* (pp. 35 & 38); if from constipation, *Brom* (pp. 24-27); if from hepatic derangement — *bilious*, *fomentations*, etc.; if tympanitic, *Dioscorea*, *Valeriana*, *Vanil.* (70, 82 & 83); *Opium*, *Chloroform* or *Asa fœtida* (77, 61 & 41). In children, *Aqua Calcis*, etc. See Enteralgia.

COLIC. HEPATIC—A paroxysm of pain about the right hypochondrium or epigastrium, often extending into the chest and right shoulder, due to the passage of a gall-stone. It is always accompanied by vomiting. See Calculi. *Treatment*—For the relief of pain, *Morphine* (77 & 225); *Atrop.* and *Chloroform* (241 & 304), with *ice* or *fomentations* locally; *alkalies* (pp. 53, 57 & 97). Of special benefit are said to be *Macis*, *Oleum Olivarum* and *Oleum Therebinthinæ* (146, 150 & 213). For *Renal and Urinary*—, *Saturnine*—(*Painter's*) and *Uterine Colic*, see Calculi, resp. Enteralgia from lead or Dysmenorrhœa (obstructive).



**COMA**—A lethargic state, lasting from a few hours to several days, and dependent among other causes, on cerebral congestion and insufficient supply of arterial blood to the brain; internal and external toxical agents, etc., etc. (It is also a pathological element in some neuroses, as hysteria, epilepsy and catalepsy.) **Treatment**—If from cerebral exhaustion, *nerve tonics* and *brandy* (pp. 70 & 72); if from alcoholism (*dead drunk*), the *cold douche*. In semi-coma or somnolency, due to nervous exhaustion, *strong coffee*. In coma of typhoid, *sinapism* or blister (408) to back of neck. If dependent on uræmia, *saline hydragogues* (p. 96), or *Tigilium* (225), unless contra-indicated, in which case *Pilocarp. hypod.* (pp. 50 & 110). In hysterical coma—characterized by profound but tranquil sleep, *without stertor*, the *pupils readily responding to light*—aside from the *douche*, enemata of *Ol. Tereb.* or *Asa fæt.* (385). In unknown cases of sudden coma, if uræmia be suspected, though there should be no dropsy or other symptoms of it present, a little urine should be drawn off and examined with reference to albumen, casts and specific gravity.

**COMBUSTIO** (*Burns and Scalds*)—Lesions produced by the application of heat have to be treated according to the damage done. *Cotton* to exclude the air; *Copaiva*, *Glycerin*, *Collodion* or *Cocaine* (405 & 15). A very popular application is *Aqua Calcis cum Oleo Lini*; if extensive, *Phenol* or *Iodoform* (405); from phosphor, *Caustic*. Very severe burns (*of second degree*) should, after having been bathed with *warm turpentine*, be dressed with *Ungt. Resinæ* or *Linim. Therebinth* on lint, and the whole covered with cotton. The dressing should remain as long as possible—*any loose portions of it should be replaced by*

*fresh ointment, the old having been clipped off*—and not be removed unless there is profuse discharge or bad smell from the wound. Burns in the granulating stage may be touched with the alcoholic extract of *Quebracho*, until it forms a scab, under which healing is said to rapidly take place. Collapse must be treated with *brandy* and *beef tea*; pain with *Opium* (p. 37). Remaining ulcers have to be managed according to their nature—see Ulcers. Proper attention should be paid to the cicatrix, on account of its liability to become excessively *hard, and cartilaginous*, and to contract in such a way as to occasion most *serious deformities*. In such cases it may be necessary to dissect it up from the parts beneath, and then filling up the gap by transplanting a portion of sound skin from the neighborhood.

CONDYLOMATA. See Syphilis.

CONFINEMENT. See Labor.

CONGESTION OF BRAIN AND UTERUS. See Brain (Hyperæmia) resp. Uterus (Hyperplasia).

CONJUNCTIVITIS. See Eye.

CONSTIPATION (*Costiveness, Obstipation*)—A functional disorder of the large intestine, unless dependent on some lesion of the alimentary canal, characterized by a faulty defecation, as regards the intervals between the single acts, the sufficiency in, and quality of the evacuations, due partly to a diminished secretion of the bowels, partly to an impaired contractile power by distention—as in habitual constipation—or to both; or to mechanical obstruction—as in females during gestation, etc. It produces generally a feeling of pressure and weight in the perineum, combined with flatulency, diarrhœa or colic pains; sometimes it gives rise to headache, palpitations

and general malaise, and very often it is the cause of hemorrhoids. *Treatment* according to cause. If torpor or retained feces, especially in full or gouty habits, *Aloes* and *Colchicum* (pp. 88-90); *Potass.* (220); *Senna* (pp. 97 & 98). If habitual, *Fruit* (pp. 88 & 95); *Glycerin* (207); *Aloes, c. N. Vom.* (199); *Podoph.* (p. 93); *Lobelia* (p. 34). If urine red, *Sod. Phosph.* (p. 97); if flatulency, *Colocynthis* (203); if very obstinate, *Croton* (p. 98), or *enemata* (385); if deficient secretion, *Ammon.* (223). In chronic disease, if weakness or general malaise, *tonic salines*, *Rhamnus* or *Rheum* (215, 216 & 19), etc. For the use of women during pregnancy there might, aside from fruit, glycerin, salines, senna and the popular castor oil, be enumerated still a host of cathartics, as *Mercury* (pp. 92 & 93); *Gamboge*, *Magnesia cum Rheo* (218), etc., etc., to chose from; but for the welfare of the patient it will, as a rule, be better to confine the treatment as far as possible to *massage* and *simple enemata* (385), which, in connection with a proper diet, will answer in most cases. In order to derive from massage the desired effect, the rubbing should be commenced in the *ileo-cæcal region* and follow the course of the colon. In habitual constipation of children the operation is best performed in the morning.

CONSUMPTION (*Phthisis*). See Lung.

CONVULSIONS. EPILEPTIFORM—Automatic movements of various parts of the body, marked usually by clonic spasm, dependent on irritation of the spinal cord from a multitude of causes, and occurring frequently in children and pregnant women. *Treatment*—If from uræmia, *Brom* (pp. 25 & 27); *Chloral* and *Chloroform* (60, 304 & 379); or *Morph.* (255), until the elimination of urea

by *hydragogues* or *suporifics*. See Kidney (Bright's Disease). Hysterical convulsions, which are *always more or less voluntary*, require the *cold douche* or *Opium*. See Hysteria. In *Eclampsia Gravidarum et Parturientium*, *Veratrum* (258), or *Conium* (248), with *ice* to head if indicated, may be tried, irrespective of the sedatives above mentioned. In *Eclampsia Infantum*, *Mercury* (212), if from teething; *Vinegar* (376), per rectum, and a *warm bath*. *Brom*, *Chloral* or *Hyoscyamus* (p. 34), may be tried; or *Vanilin* (83). In gastric irritation—worms, *Santonin* (p. 103). If due to suppression of eruption in scarlatina, *Ammon. Acetas* (92); or *Ipecacuanha* (p. 82), with *Mustard bath* (419); if from loss of blood or exhaustion, *Opium* with *brandy* (p. 37), or *Iodine* (p. 15).

CORN. See Skin.

CORNEA. See Eye.

CORYZA. See Nose.

COUGH—Short, abrupt and sounding expirations, forced through a more or less contracted glottis, sometimes of a *purely nervous* nature; but generally incident to some *inflammatory* state of one or the other of the organs of respiration. The neuropathic affection—*tussis hysterica*—is characterized by a dry, peculiar, sometimes spasmodic sound. *Treatment*—The remedies are *sedatives* and *expectorants*: *Ammon.*, *Apomorphine* (93 & 96); *Nitre*, *Scilla* (122 & 126); *Lactucarium*, *Opium* (74, 78 & 113); *Cyan*, *Chloral*, *Cerium* (67, 60 & 59); inhalations of *Belladonna*, *Conium* and *Hyoscyamus* (312, 15 & 19); or of *Tar* or *Turpentine* (323 & 24). In the nervous form, *Hyoscyam. c. N. V.* (183); *Ipecac.*, *Colchic.*, *Lobelia* (181, 105 & 75); if due to anæmia, *Ferrum c. Chin.*; if from gastric irritation caused by worms, *Santonin* (230).

CRAMP. See Spasm.

CRAVING FOR DRINK. See Alcoholism.

CROUP—MEMBR. OR TRUE, AND SPASMODIC OR FALSE. See Larynx (Laryngitis exudativa, respect. Spasmus Glottidis).

CRUSTA LACTEA (*Tinea Capitis*). See Head.

CYANOSIS. See Dyspnœa.

CYNANCHE MALIGNA. See Diphtheria.

CYST. SEBACEOUS, which consists of an organized bag, containing sebaceous matter. *Excision* (396). *For Ovarian and Vulvar Cyst*, see Ovaries, resp. Vulva.

CYSTITIS. See Bladder.

CYSTOCELE. See Hernia. (Vesico-vaginal).

DEAFNESS. See Ear.

DEBILITY—A want of strength, both physically and mentally. *Treatment*—Next to a dietetic regimen, *restoratives*—if after illness, *Acid. sulf.* with or without *Strychn.* (152–55 & 184); *Ferr. c. Chin.* (166 & 173); *Bebeer.* (161); *Pancreatin* and *Pepton* (185, 188 & 387), etc.; if from excessive loss of blood, *Opium* in large doses. See Hemorrhage (post partum) and Hæmatocele (pelvic). In old persons with troubled breathing and loss of memory, *Arsenic* or *Digitalis* (pp. 10 & 79) are sometimes of use. In drunkards, *Ammon.* (159). In nervous exhaustion, without apparent cause, we may try also *Phosphor* (pp. 85 & 87); or *Cocaine* and *Ilex Paraguayensis* (pp. 77 & 84).

DECUBITUS (*Bed-sores*)—A gangrenous affection of integument covering projecting bony parts, as the sacrum, brim of ileum or great trochanter, and due to arrested circulation from pressure during protracted confinement to the bed, especially in tedious and debilitat-

ing diseases, conjoined with want of cleanliness. *Treatment*—Next to an occasional change of position to avoid continued pressure, washing the back and hips with *brandy* is the best preventive. If there is already a prickly sensation (just as lying on crumbs or salt might produce), the parts may be covered with *Emplastrum saponatum* or *Zincum tannicum* or *Albumen* (393). Sometimes a *bread and milk poultice* will do good. If there are already sores, *antiseptic* applications. See Gangrene.

DEGENERATION. CERVICAL AND OF CHORION. See Uterus.

DELIRIUM—An agitated condition of the mind, shown by a fitful rambling way of talking and usually symptomatic. *Treatment*—If dependent on trauma, *Brom* (pp. 25–7); *Chloral* (pp. 30 & 109), or *Opium* (77, 255 & 381); in fevers, *Antimony* (p. 23), *Hyoscyamus*, *Digitalis* (pp. 33 & 50), *Brom*, etc. *Hysterical delirium*, which consists of wild, excited talking, the mind passing rapidly from one object to another, sometimes using very obscene language, and generally preceded by convulsions or coma, is most benefited by *Asa foetida* and *Valeriana* (pp. 23 & 29); perhaps *Brom*, but *Opium* should be avoided. See Hysteria. For *Delirium tremens*, see Alcoholism.

DEMENTIA PARALYTICA. See Paralysis (general).

DENGUE. See Scarlatina rheumatica.

DENTITION—Teething of infants, though a physiological process, is frequently attended by unpleasant symptoms, both local and general. *Treatment*—In irritability of the gums with febrile excitement, *Aconite* (35), with perhaps *Sodii Phosphas* or *Mercury* (212 & 222). *Cinchonidin* (8), or *Cocaine* locally (285), are much recommended. If the gums are swelled, inflamed and tender,

whether or not a tooth is ready to come through, a *free incision* may be made with a fine lancet, for the purpose of letting blood flow. But if it is tightly stretched over a tooth which is bursting through, the incision should be carried down to and all along the tooth, so as to relieve it entirely. A sharp-pointed instrument should be used, to be thrust in *with its back to the tooth, and made to cut its way out.*

DERMATOMYCOSIS (*Pityriasis versicolor*). See Skin.

DIABETES INSIPIDUS—A neuropathic disease, consisting of a morbid increase of urine, the specific gravity of which is little above that of water, and dependent probably on the dilatation of the renal capillaries from influences exerted through the vaso-motor system. *Polyuria* or *hydruria* is however sometimes symptomatic of asthma, hysteria and other nervous disorders; in affections of the brain, as well as in some kidney diseases, especially the small granular kidney, it is by no means uncommon. Diabetes is chiefly characterized by constant dryness of the tongue and fauces; an excessive thirst (*polydipsia*); the patient drinking sometimes several gallons of water during the twenty-four hours; and more or less sleeplessness. *Treatment*—*Acidum gallicum* and *Ergot* (pp. 61 & 65) are the remedies most employed; *Valeriana* (pp. 29 & 38) is sometimes of benefit; *Salicin* and *Rhus* (pp. 18 & 67) are also recommended.

DIABETES MELLITUS—A constitutional disease produced through errors of assimilation, sometimes due to injury of the head and spine, or even violent emotions. It is associated with *progressive emaciation* in spite of the frequent presence of *polyphagia*; but its chief characteristic is the excessive discharge of urine, which



contains more or less sugar (*glycose*), and effect of the co-existing *glycohaemia*. *Treatment*—Of most importance is the diet, inasmuch as amylaceous and saccharine food should be altogether avoided; a minimum of bread may be allowed, but sugar should be replaced by *Glycerin* (pp. 81 & 89). The remedies most employed are *Acid. gallic.* *Creosote* (pp. 61 & 64); *Ammonia* or *Soda* (pp. 44 & 55); *Arsen.* (pp. 9 & 10); *Silic.* (32); *Lith.* (110); *Brom* and *Bell.* (pp. 23–27); or *Strychn.* and *Phosph.* (pp. 82–87). *Codein* (p. 38) diminishes the quantity of glucose; and *sulfites* (pp. 18 & 19) have occasionally a curative effect.

DIARRHŒA—An individual functional disease, characterized by a morbid frequency of intestinal dejections, which in themselves are changed from the normal, quantitatively and qualitatively, if not an element of other functional affections, as dyspepsia, cholera, etc. In dysentery, typhoid and similar diseases, it is dependent on structural lesions; and the colliquative form, if persisting or frequently recurring, *accompanied by cough*, will probably be a tuberculous affection of the intestinal canal, secondary to phthisis, the existence of which can easily be ascertained. *Treatment*—Diarrhœa caused by indigestion, requires a *cathartic* (p. 88); if due to acidity, *alkalies* (pp. 53 & 54). *Creta* (p. 49) and *Magnes.* (pp. 51 & 95). In relaxation without inflammation, *tonic aperients* (pp. 90 & 95) and *Catechu* (pp. 63 & 64); if colliquative, *mineral acids* (pp. 42 & 61). *One drop of Acid. nitr. d. in one teaspoonful of water will sometimes act like a charm.* During my sojourn in the Phillipines—nearly thirty years ago—a lady patient of mine was at different times cured by that dose, when opium, bismuth and other drugs, even the nitric acid in



larger doses, which I at first used to give her, had been without the least effect. In the chronic form, *Opium* (pp. 35-7); *Salicin* (pp. 17 & 18); *Ferrum* (p. 66); *Alum* and *Cotoin* (132 & 137); *Phenol p. os v. p. anum* (22 & 382), etc. Diarrhœa, dependent on uræmia or cirrhosis of the liver, is conservative, and therefore to be kept only within certain limits. For children, may, in addition, be mentioned *Hydrargyrum cum Creta* (pp. 92 & 93), if clay stools; *Kino* (145); *Argentum nitricum* (133), if very obstinate, but without inflammation. Diarrhœa, during dentition, acts as a derivative, and should not be interfered with, unless the evacuations become watery or frothy, or they smell sour; the child beginning to emaciate, etc. See Cholera Infantum.

DILATATIO CORDIS ET VENTRICULI. See Heart resp. Stomach.

DIPHThERIA—A general disease of an eminently epidemic character, marked by a spreading inflammation of the mucous lining of the fauces and adjacent parts, attended with fibrinous exudation in form of false membranes, *which usually appear first on the tonsils and the soft palate as greenish white, slightly elevated patches, and swelling of the submaxillary and cervical glands.* Often the nasal cavity, the larynx and trachea are invaded by the diphtheric inflammation; sometimes the cheeks, gums and lips—even the anus, the prepuce, the vagina and the puerperal uterus may be attacked. Paralysis affects sometimes the muscles of the palate, pharynx and mouth in the course of the disease; but generally not until a few weeks *after convalescence*, and may extend to other muscles. Anæmia and general debility is apt to persist for a considerable period. There is always more

or less pyrexia, and frequently vomiting; but the most constant and characteristic feature is the throat affection, hence the names *angina* or *cynanche maligna*, *epidemic croup*, etc. Diphtheria may be associated with scarlatina, measles and small-pox. **Treatment**—Aside from the **Lime-steam bath** (418), **compresses** or **ice**, with attention to disinfectants (420—*note*), one or the other of the following remedies, according to indications: **Nitre** (120); **Thymol** (34); **Benz.** (pp. 45 & 46)); **Sulfo-carbol** (p. 16); **sulfites** (pp. 18 & 19); **Apomorph.** (p. 107), if necessary, and **brandy** (p. 72), as support with milk, etc. **Hydrargyrum bijodatum** (p. 13) has been lately recommended. Locally, **Potassii Chloras**, **Phenol**, etc. (287 & 294–300); **Brom.** (45 & 313) is used internally and as inhalation. Afterward, **tonics** (173); in paralysis, **Strychn.** (152 & 184).

DIPSOMANIA. See Alcoholism.

DISLOCATION is called the dislodgement of the head of a bone from the cavity in which it is naturally placed, being characterized by an alteration in the form of the joint: an abnormal prominence at one part and a depression at another, together with lengthening or shortening of the limb; and a loss of or deviation from the proper motions of the joint, with pain in motion. Great assistance to a correct diagnosis may be derived from comparing the limb with the joint of the opposite side. From fracture it may be distinguished by the *absence of true crepitus*, the distorted bone being neither freely movable nor shortened. Luxations, though easily reduced at the time when the accident occurs, will cause considerable trouble later on. The reduction is accomplished by extension and counter-extension. The extending force is to be gradually increased and applied at

first in the direction in which the bone may be displaced; but by degrees it is to be brought to a line parallel with the axis of the socket. At the same time some one should endeavor to raise the head of the bone over the edge of the cavity in ball and socket dislocations. After reduction *leeches*, *fomentations* or the *ice bag* and *purg-ing* (p. 92) must be used, if required, to prevent inflammation, and the joint should be kept at rest till any laceration of its ligaments has healed.

*Dislocation of the jaw*, which may be partial or complete, on one side only, or on both, is characterized by the protrusion of the chin forward or a little sideways, the mouth being fixedly open. The condyle may be felt to project unnaturally under the zygomatic process, whilst there is felt a hollow in the upper part of the parotid space. *Treatment*—After having fixed the head against the wall or the back of a high chair, the surgeon should place his thumbs, wrapped in some cloth, at the roots of the coronoid process behind and outside of the molar teeth, and press these downward and backward, elevating the chin at the same time with his fingers. After reduction the chin must be supported for a few days by a four-tailed bandage, to prevent accidental redisplacement from involuntary yawning.

*Dislocations of the wrist* may readily be recognized by the altered position of the hand, which is thrown either backward or forward, or twisted on its axis with an outward or inward projection, and by the alteration in the relative position of the styloid processes of *radius* and *ulna* with the carpal bones. They are reduced by *simple extension*.

*Dislocations of the hand*—If the *os magnum* and *os*

*cuneiforme* are partially dislocated, they form projections at the back of the hand, which must not be mistaken for ganglia. The *os pisiforme* is sometimes dislocated by the action of the *flexor carpi ulnaris*. *Treatment* consists of *pressure*, mechanical support and *cold affusions*.

*Dislocations of the thumb, fingers and toes*, which are difficult of reduction, are best managed by taking a firm hold of the joint by means of a piece of tape, spread with *adhesive plaster* where it is in contact with the skin, fastened with the *clone-hitch*. It is a good plan to place a part of the tape round the head of the dislocated bone, so as to pull it into its place. Extension should be made toward the palm, so as to relax the flexor muscles.

DISPLACEMENTS OF UTERUS (*Prolapse, Flexions, Versions, etc.*). See Uterus.

DORSODYNIA. See Myalgia.

DROPSY. GENERAL—A transudation into the serous sacs with anasarca, dependent either *on obstructions*—produced by diseases of the heart and lungs, which impede the return flow of blood from the *vena cava*, or by certain affections of the liver, which cause *portal obstruction*,—or *on a morbid condition of the blood*, as in Bright's disease, and the cancerous and tuberculous cachexy: the hydræmic dropsy, attending the two latter diseases is usually less in degree than that in kidney disease. General dropsy arising from mitral lesions, occurs after enlargement by dilatation of the right side of the heart has taken place, and *the dusky hue, combined with œdema*, gives to the face an appearance as *distinctive of cardiac disease* as the *pallid aspect*, which characterizes general dropsy from *renal disease*. *Treatment*—*Diuretics, diaphoretics* and *hydragogues*, followed by *tonics*,

are the remedies, in conjunction with *paracentesis* (p. 144—*note*), and *multiple punctures* to allow the escape of fluid, where much œdema. *Potassa* (pp. 53 & 96); *Jaborandi* (pp. 51 & 110); *Blatta* and *Scilla* (pp. 47 & 58), etc. *Elaterium*, *Gamboge*, *Jalap* (pp. 91 & 92). Aside from these there may be mentioned *Colchicum* and *Colocynthis* (pp. 47 & 91), which are often employed in dropsy from heart and liver disease; the former combined with *Digitalis* (p. 50), the best *heart tonic*. *Copaiva* (pp. 48 & 49) in Bright's disease; *Ammonum* (p. 43) if dysentery be the cause), and *Nitre* or *Calomel* (pp. 57 & 92) if from scarlatina. *Scilla*, *Iodine* or *Iodoform* (401 & 413) externally, or *Juniper* inhalations (322), especially where the state of the stomach precludes the use of diuretics. See Hydro-peritoneum and Anasarca. For *Ovarian Dropsy* see Ovaries.

DYSENTERY—A specific inflammatory disease of the large intestines, occurring in all possible forms—from the simple catarrhal and sporadic to the diphtheritic and epidemic—all of them characterized by *mucous and bloody stools*, accompanied by griping pains and tenesmus of more or less severity. *Treatment*—In the acute form, aside from *hot fomentations* to the abdomen, *Opium* (pp. 36 & 136); *Bismuth*, *Plumbum* (99 & 147); *Creta*, *Catechu* (107 & 135); or *Calomel* (12), according to circumstances. If chronic, *Creosote*, *Cuprum* (138 & 39); *Alum*, *Ergot* (pp. 62–65); *Arsenic* (p. 9); *Ipecacuanha* (p. 82), etc.—*Nitre* (p. 57), as drink; and *brandy* (p. 72), as support. See Diarrhœa.

DYSMENORRHŒA—Difficult menstruation, attended by more or less pain, and dependent on one or more of the following factors: A depreciated condition of the con-

stitution, beginning usually either in the nervous system or blood, which creates a tendency to neuralgia; an abnormal state of the uterus, or diseased ovaries.

*Neuralgic Dysmenorrhœa* may be caused by a neuralgic diathesis; chlorosis or plethora; malaria and rheumatism; luxurious and enervating habits, as onanism or excessive venery, etc., and is characterized by simple neuralgic pains, with an occasional spasmodic element. *Treatment*—Aside from attention to cause—*tents*, or a *galvanic pessary* locally; or the occasional passage of a *sound* to the fundus uteri may do good (pp. 129–31). Internally, *sedatives*—*Asa fœtida*, *Brom*, *Chloral*, *Cannabis*, *Hyoscyamus*, etc. (pp. 23–33); *Aurum* or *Guaïac* (pp. 9 & 12), are sometimes of service; or *Amyl* as inhalation (308), and if the pain is of a spasmodic nature, enemata of *Asa fœtida* or *Belladonna* (365 & 381) or, *suppositoria* (350, 374 & 75). Parturition will in most cases cure this form entirely.

*Congestive Dysmenorrhœa*, which may be caused by general plethora; sluggishness of the portal circulation, exposure to cold; sudden mental disturbances, displacements (perhaps the most frequent cause), and womb diseases, is characterized by severe pelvic pains, accompanied by diminution or cessation of discharge and considerable constitutional disturbance—pyrexia, headache, nervousness, restlessness, and sometimes rectal and vesical tenesmus or diarrhœa. In the inflammatory kind there will be pain also during the inter-menstrual periods, difficult locomotion; leucorrhœa, fatigue and similar symptoms. *Treatment*—Removal of cause if possible; and local inflammation, if it exist, should be treated first. If due to plethora or sluggish portal cir-

ulation, next to exercise, *cathartics*—*Colocynthis* (203); *Calomel* (p. 93); *salines* (219), according to circumstances, and a *pediluvium* (419) at the menstrual period. Sometimes the *lancet* may be necessary; or from two to four ounces of blood may be taken from the sacrum by *cupping*, to be repeated within a fortnight if required. See Amenorrhœa. Difficult menstruation, due to cold, demands *diaphoretics*, especially *Ammonii Acetas* (p. 43), with *sedatives*—*Brom*, *Morphium* (51 & 255), etc.

*Obstructive Dysmenorrhœa*, which, barring a contracted cervix, or flexions and versions, may be caused by polyps *in utero*, or fibroid in the parenchyma of the neck; vaginal stricture or obturator hymen, is characterized by severe spasmodic pain (*uterine colic*), which comes on a few hours after menstruation has continued, and sufficient blood been collected in the uterus to distend it, and which passes rapidly into a violent expulsive effort *like the contractions in miscarriage*, accompanied by the passage of some blood. If the obstruction exist in the cervical canal, the efforts of the uterus will generally expel first a small clot, which is followed by a gush of liquid blood. *Treatment* relates to the obstruction.

*Membranous Dysmenorrhœa*, being due to an exudation of coagulable lymph, like that in croup, is characterized by *steady pains*, which, with the progress of the menstrual flow, become violent and expulsive, *like those of abortion*, and end only with the discharge of the exfoliated mucous membrane of the uterus, either in shreds or entire—a *false mole*. *Treatment*—*Ammonium* (p. 43), with *Morphium* or *Ether* (255 & 304) to relieve pain. *Alterative* applications may be tried—*Argentum nitricum*, *Jod*, *Chrom*, *Phenol*, *Ferrum* (343, 41, 48, 51



& 67); or, if the patient be married, she may be put under the full effect of *Mercury*. See Amenorrhœa.

*Ovarian Dysmenorrhœa*, caused by chronic oophoritis, is characterized by great pain in the affected ovary, the pain generally preceding the bloody flow several days, and diminishing as it is established; sometimes appearing even in the inter-menstrual period; and often accompanied by mental depression. Frequently the breasts will sympathize, becoming painful and tender. **Treatment**—Aside from replacing the ovary, in case it be prolapsed, a *warm sitz bath* or *pediluvium* (419), with *warm soothing* injections (358), and *leeches* to each groin if necessary. **Sedatives** in conjunction with suppositories of *Iodoform*, etc. (350, 374 & 75), may be indicated.

*Dysmenorrhœa* consisting of more or less of the elements of the various forms jointly, as usually is the case, demands, if severe, recumbency in bed, *Brom* and *Chloral*, with or without *enemata* or *suppositoria* (375 & 381). At the same time, according to indications, *Aloes*, *Calomel* (pp. 89 & 93); or *Borax* (p. 55); *Berb.*, *Viburnum* (44, 85 & 162); or *Phosphor* (154), etc.

**DYSPAREUNIA**—Painful coition, which may, aside from being the consequence of too frequent, too impetuous, or too protracted coition, be due to a number of causes, as chronic peritonitis or cellulitis, endometritis, displacement of uterus, requires the treatment of these diseases. If there is a hypersensitive condition of the *caruncule* after laceration of the hymen (*vaginismus*—see Vagina) or erosions in the vaginal orifice produced by leucorrhœa, *Argent. nitr.* (343). Sometimes vaginal *suppositories* (356) are of benefit—*rectal ones* will be preferable if, at the same time, a constitutional effect should be required.



**DYSPEPSIA** (*Indigestion*)—Functional disorders of the stomach or small intestines, or both; mostly chronic, and characterized by imperfect digestion—*indigestion proper*—or perfect but difficult digestion, dependent, among other causes, on dietetic excesses, sedentary habits, mental anxiety, anæmia, hysteria, etc. Whilst difficult digestion is attended by a sensation of fullness in the region of the stomach, with a general feeling of heaviness and discomfort, indigestion will produce regurgitation, cardialgia, tympanitis or vomiting; but either may be associated with more or less languor or incapacity for work after a meal, which feelings sometimes will last for hours. In many cases the urine deposits a lateritious sediment, which generally contains *oxalate of lime* in abundance. **Treatment**—*Acute Dyspepsia*, popularly called a bilious attack, with or without headache, and, among other causes, due to over-repletion of the stomach, the ingestion of indigestible food, or an arrest of digestion by strong emotions, etc., rarely requires medication. *Blue pill* (p. 92), followed by a *cathartic* (p. 97), and afterward *Quinine* (p. 76), or some other *tonic* will at any rate suffice. In the *chronic* form, which is sometimes very obstinate, the diet should, above all, be regulated; *if gastric*, farinaceous and fatty articles as food; *if intestinal*, albuminoid substances and meat. Medication according to circumstances. In atonic indigestion—*of sedentaries*—*Hydrastis*, *Absinth*, and *Alcohol* (pp. 72 & 82); if constipation, *Aloes*, *Podophyll.*, *Rheum* (pp. 89–94), and other *tonic aperients*; if dependent on the liver, *alteratives* (p. 7); if due to fermentation and putrefaction in the alimentary canal, *Naphthol* (21); or *Salicin* (25 & 29), etc. In heart-burn (*cardialgia*): a burning

pain over the pit of the stomach, and shooting upward into the throat, *alkalies* (pp. 53-5)—taken before meals they increase the flow of gastric juice—, *Berberis*, *Guarana* (pp. 24 & 81), etc. In waterbrash (*pyrosis*): regurgitation of insipid, saltish or acid liquid in the morning when the stomach is empty, *Bismuth* or *Soda* (p. 46); *acids* or *Pepsin* (pp. 71 & 84). If foul taste, *Nitro-mur. acid* (153). If morbid sensibility of stomach (*pain and distress after eating, or diarrhœa* excited by food), *Arsenic*, *Creosote*, *Argentum* (pp. 9, 64 & 74); *Brom* (p. 25). If tympanitis, *alkalies*, *Bismuth*, *Ammon.*, *Carbo* (93, 103 & 159), or *Benzin*, *Creosote* (97), etc.; (a little brandy is sometimes of service). In hysterical flatulency, *Asa fœtida* and *Valeriana* (41); *Strychn.*, *Ferr.* (pp. 80 & 81); *Glycerin* and *Pancreatin* (pp. 81 & 84). If anæmia, *acids*; *Ferr. c. Chin.* (p. 76). In dyspepsia of drunkards, *Ammon.* (159); or *Capsicum* (pp. 75 & 82). If vomiting, *Cyan*, *Cerium* (67 & 59); *sulfites* (33). See Vomiting.

DYSPNŒA.—A difficulty of breathing, dependent on deficiency of oxygen in the blood. *Treatment* according to cause—*Ammon.* (158); *Amyl* (37 & 308). See Lungs.

DYSPHAGIA. See Œsophagus.

DYSURIA. See Bladder (Spasmus vesicæ).

EAR—*Foreign bodies* in the meatus should be removed as quickly as possible, *when it can be done by gently syringing* the ear with *warm water*, which procedure may even be repeated at short intervals, if required; else the substance had better be left alone, as foreign bodies are known to have remained in the ear without permanent injury for years. Except in the case of soft or fibrous substances lying just at the entrance of the passage, other instruments should not be used, as they will only

do harm. (To get a proper view of the inside, in examining the ear by speculum, the auricle must be drawn *outward and backward*).

*Deafness*, if organic, depending on concussion or rupture of the *auditory*, is incurable. See sub-acute and chronic inflammation of tympanic cavity. If functional and dependent on debility, *Ammon*. (p. 73) may be tried; or *Arnica*, *Valeriana* (pp. 74 & 29), etc.), with *Glycerin*, *Phenol* or *Camphora* (274 & 78) locally. If caused by an accumulation of wax, *the syringe*. (Glycerin dropped into the meatus, and retained by a tampon of cotton for twenty-four hours, will facilitate the removal).

*Catarrhal or Throat Deafness*, which depends on a morbid state of the *mucosa* lining the *Eustachian tubes*, generally associated with swelled tonsils and relaxed throat, is characterized by *ringing* and *crackling* noises in the ear. It is easily diagnosed by means of the otoscope. When the patient, *with firmly closed mouth and nose*, makes an effort, as in blowing the nose or swallowing, the shock of air against the *membrana tympani* may be heard, if the tubes are pervious, or a gurgling sound, if they contain fluid; whilst, if they are impervious, there will be no sound at all. *Treatment*—Aside from *tonics* (p. 70), to brace the system, *astringent gargles* (321), inhalations of *Creosote* or *Iodine* (336); *abridging* of the tonsils if necessary, and *catheterism* of the Eustachian tubes. As the latter operation requires much skill, the following procedure may answer as well: The mounted end of a short flexible tube attached to *Politzer's* india-rubber bottle is introduced into one nostril, which is then closed by the surgeon. The patient is now told to swallow—having taken some

water into his mouth for the purpose—and during the act the surgeon squeezes the bottle, so forcing the air through the nasal cavity into the tubes.

*Tinnitus Aurium*—Noises in the ear, accompanied with more or less deafness, a symptom which may be due to anæmia, grief, anxiety, and a general weakened state of the system. (When occurring in the decline of life it is seldom amenable to a cure). *Treatment* consists of a generous diet and out of door life, with *Ferrum*, *Zinc*, *Valeriana* (174 & 196), etc.

*Otalgia*—Earache, unless inflammatory, is neuralgie, and usually due to carious teeth. It is characterized by fits of excruciating pain, shooting over the head and face. (Inflammatory pain is throbbing and accompanied by fever). *Treatment*—Locally may be tried *Atropia*, *Camphora*, *Chloral*, *Phenol* or *Cocaine* (174–9); internally *cathartics* (p. 88), with *tonics* (p. 69), if necessary.

*Otitis externa*—Catarrhal inflammation of the lining membrane of the meatus, occurring chiefly in delicate children whilst cutting their teeth, or as a sequel of the exanthemata, and frequently associated with strumous ophthalmia. It is characterized by more or less feverishness, swelling of the meatus, soon followed by a thin yellowish discharge, and ear-ache. Aside from a constitutional treatment, *purgatives* (p. 88), with *fomentations* or *poultices* (p. 114), locally; and if the discharge continue, *astringent* injections (p. 114), with *counter-irritation*. Should the discharge stop suddenly, and an attack of acute pain and fever come on, the injections must be discontinued, and purgatives, with fomentations—if necessary, leeches—must be again resorted to.

*Otitis interna*—Acute inflammation of the *membrana*

*tympani* and the tympanal cavity, which is frequently connected with measles, scarlatina, rheumatism, gout and scrofula; but which may be due also to cold, sea-bathing, violent syringing and otherwise irritating an inflamed ear, is characterized by swelling, tenderness and dryness of the meatus. Suppuration within the tympanum and mastoid cells, with, occasionally, facial paralysis, may follow; and the membrane finally ulcerate and burst. Whilst in neglected cases inflammation or suppuration within the cranium may occur and prove fatal, in less severe ones, the membrane may be left thickened and opaque; and the cavity blocked up by adhesions; or there may remain an obstinate discharge with caries of the bone, and mischief within the cranium hereafter. The inflammation is attended with sudden and intense pain (often so excruciating as to produce delirium), which is increased by coughing, sneezing and swallowing—always worse at night—in conjunction with *tinnitus aurium*, more or less deafness and violent fever. *Leeches* should be repeatedly applied to the mastoid prominence and in the depression immediately below the auricle, and by means of a leech-glass to the orifice of the meatus itself. Should the acute symptoms not be mitigated, and there be any sense of fullness, swelling or fluctuation over the mastoid process, *an incision*, an inch long, should be made with a stout scalpel down to the bone, parallel to, and half an inch from the attachment of the auricle. When the acute stage is subsiding, a portion of the incision may be converted into *an issue*, or *blisters* may be employed. Neuralgic pain, accompanying otitis, may be allayed by applications of *anodynes* behind the auricle, *Aconite*, *Belladonna* with *Opium*, *Co-*

*caine* (263 & 350), etc. If the membrane should bulge outward on account of the pus within the cavity not being able to escape through the *Eustachian tube*, it may be perforated at its lower and posterior portion (*to avoid the ossicula*), by means of a sharp-pointed steel probe.

In the *sub-acute and chronic form*, where the changes, wrought in the tympanic cavity give rise to the majority of cases of deafness, though the symptoms are but slight—a woolly sensation, occasional noises with variable obtuseness of hearing and slight aching,—and which most frequently is associated with a rheumatic or gouty diathesis, a constitutional *treatment* is imperative. *Iodine*, *Sublimate* (pp. 13 & 14); sometimes *Hydrargyrum c. Creta*, gr. j *bis die*, is of service. At the same time *counter-irritants* in the shape of *Iodine* (20), or small *blisters* (408), over the *mastoideus*, with occasional *leeches*, if they give relief to pain, noises and headache. In children of weakly habit this form may exist still more insiduously: they may cry when it is washed; or they may like to have it tickled; or they may put their hands to it, or roll their heads on their pillows; but no real complaint is made. Aside from *counter-irritants* and *tonics*, *Ferr. jod.* (p. 15), especially if the tympanum is bulging.

*Perforation of the Membrana Tympani*, which, if large, will cause considerable deafness, may be the consequence of injury—blows on the head, or a box on the ear, etc.,—but it is mostly a result of otitis and suppuration within the cavity, or ulceration of the membrane itself. If the opening be small, *Argenti Nitras* applied by means of a fine probe coated with it, may cause the aperture to heal; but if the loss of substance is great, a substitute for the membrane is the only remedy.

*Otorrhœa* is either the result of catarrhal inflammation of the meatus—see Otitis externa—or the consequence of otitis interna. In purulent discharge following the latter, the ear should be twice daily *very gently syringed* with *warm water*, and immediately afterward a *tepid lotion* of *Alum*, *Zinc* or *Plumbum* (277 & 81) be dropped into the meatus till it is filled, to remain there for about two minutes. If the discharge is very fetid, *Phenol*, *Salicin*, *Mangan* (274, 75 & 81); and if very obstinate, the interior of the meatus may be pencilled twice a week with *Solutio Argenti nitrici* (gr. v:  $\frac{3}{4}$  j). If the fetid discharge is caused by caries of the petrous or mastoid bones as consequence of suppuration within the tympanum or mastoid cells—in which case *palsy of the side of the face will be present*—the dead bone may be felt with the probe. (An early incision down to the mastoid bone may prevent caries).

*Polyps* in the ear may be *extracted*; but perhaps equally effective, and less liable to set up irritation, is the application of *Alumen pulveratum* by means of an insufflator, in connection with *astringent lotions*, with which the meatus should be regularly injected.

*Fungous Granulations*, which cover sometimes the *membrana tympani*, may be treated with *Argentum nitricum* and *astringent lotions*; *Alum* or *Tannin*.

As all inflammatory affections of the external meatus may implicate the brain, care should be taken to *have always a free exit for the discharge*.

**ECHINOCOCCUS** (*Hydatid*)—The scolex or larval stage of *Tænia echinococcus*, a small tapeworm of about five mm. in length, which infests the dog, mostly in the liver; but the cyst may exist in any part of the body.



**Treatment**—Puncturing the tumor with a fine hollow needle or trocar, and withdrawing a portion of the liquid from the sac *by aspiration*, will generally suffice to effect a cure; but *electrolysis* (p. 150) is preferable.

ECLAMPSIA. See Convulsions.

ECTHYMA AND ECZEMA. See Skin.

ECTOPIC GESTATION. See Pregnancy (extra-uterine).

ELEPHANTIASIS ARABUM—A disease of warm climates, consisting in a slow hypertrophy of skin, areolar tissue and bones; and affecting generally the leg or the scrotum, resp. the labia. *Amputation* of the diseased part is the only remedy as yet known.

EMBOLUS. See Brain, resp. Lung.

EMISSIONS. SEMINAL. See Spermatorrhœa.

EMPHYSEMA VESICULARE — An abnormal accumulation of air within the alveoli, whereby they become distended, and their walls often atrophied, produced mainly by forcible efforts of expiration, and generally preceded by or associated with bronchitis or asthma. It is characterized by the *barrel-shaped* chest, with an abnormal intense resonance on percussion; and leads invariably to hypertrophy and dilatation of the right ventricle with venous congestion—the *cyanosed hue of the face being most markable during paroxysms of coughing*—on account of the obliteration of pulmonary capillaries, causing obstruction to the flow of blood through the lungs. In slight cases *want of breath* will be apparent in speaking, singing, especially in laughing or walking fast; more severe ones are characterized by habitual labored breathing, consisting of a prolonged expiration and a remarkable short inspiration. In *E. senile* the air cells coalesce and form also larger air spaces; however



not as result from a dilatation of the alveoli, but from a gradual shrinkage of the lung-tissue, dependent chiefly in the lessened elasticity of the lung in old age, the lungs are smaller and contain less air than normal—*hence the size of the chest will be diminished instead of being increased.* The **Treatment** resolves itself into that of bronchitis and asthma: *Chloral*, *Cyan*, *Grindelia* (60, 66 & 72); *Lobelia* or *Ammon.* (75 & 94); *Arsenic* and *Valeriana* (pp. 9 & 29); or inhalations of *Cannabis*, *Asa fætida*, *Iodine*, etc. (311, 315 & 21). In senile atrophy *Ether* (304) will sometimes afford relief.

EMPHYEMA. See Plenritis suppurativa.

ENDOCARDITIS. See Heart.

ENDOMETRITIS. See Uterus.

ENGORGEMENT OF BREAST AND UTERUS. See Breast, resp. Uterus (Hyperplasia).

ENTERALGIA—A neuralgic affection of the intestines, characterized by intermitting and remitting pains within the abdomen, and frequently associated with gastralgia (*gastro-enteralgia*). **Treatment** like that of the latter and other neuralgic affections. See Colic (intestinal).

ENTERALGIA FROM LEAD—*Painter's Colic* is a neuralgic, more remitting than intermitting affection of the intestines, extending sometimes over the whole abdomen, but generally confined within a small space; in conjunction with pains in chest, back and limbs, and often *a peculiar discoloration of the gums at their junction with the teeth*, dependent on chronic lead poisoning. **Treatment** according to indications—*Acidum sulfuricum* (p. 61); *Alum* (132); *Chloroform* and *Iodine* (pp. 31 & 15); *Sulfurated bath* (419).

ENTERIC FEVER. See Typhoid.

ENTERITIS (*Catarrhus intestinalis*)—An inflammation

of the mucous membrane of the small intestine, characterized by pain and tenderness on pressure over the abdomen, and frequently attended with diarrhœa, nausea and vomiting; (jaundice, if the duodenum is involved). The acute form is generally a consequence of over-indulgence in eating and drinking, the use of drastics and poisoning with acrid substances; sometimes it is due to cold, when the body is heated and perspiring. Subacute it arises from dietetic errors or from arrest of digestion through exposure to cold, over-exertion, etc.; whilst the chronic form is usually referable to some prior morbid condition, especially valvular lesions, chronic pleuritis, emphysema and cirrhosis, which lead to it by obstructing the circulation in the portal system. (This form occurs also in tuberculosis, oxaluria and Bright's disease.) The *Treatment* of the acute and subacute form embraces *mild purgatives*, followed by *anodynes* and regulation of diet. *Aloes* (201); *Opium* (p. 37); *fomentations* will be sometimes of service. Compare Gastritis. In chronic enteritis the cause must be removed as far as possible. *Argentum, Cuprum, Plumbum* (133, 139 & 47). See Diarrhœa.

ENTEROCELE. See Hernia (entero-vaginal).

ENTOZOA INTESTINALES. See Helminthiasis.

ENURESIS. See Bladder (Paralysis vesicæ).

EPHIDROSIS—A morbid and excessive secretion of the sudorific glands, generally a concomitant of catarrhal and rheumatic affections. *Treatment*—*Acidum sulfuricum v. gallicum, Arctostaphylum* (pp. 61 & 68), etc. In night-sweats, *Ergot, Quinine* or *Atropia* (pp. 76, 78 & 23); *Tannin* or *Agaricin* with *Pulvis Doveri* (pp. 62 & 63) are particularly recommended. For sweating feet, a wash

containing *Acidum nitricum*, or a powder with *Acidum salicylicum* (395), or *Vinegar*; if fetor, *Borax*, *Soda*, *Mangan* or *Phenol* (334, 390 & 98).

EPIDIDYMITIS. See Testes.

EPILEPSY—*Le grand mal of the French* is a chronic, paroxysmal neurose, characterized by a sudden and complete loss of consciousness, associated with tonic and clonic convulsions; respiration during the former nearly suspended, during the latter irregular and labored; ejection of foamy saliva, frequently mixed with blood; sometimes urine is voided and feces are expelled, even a seminal emission may take place. The attack may last from a few minutes to half an hour, and is followed by more or less exhaustion, and a disposition to sleep. In some cases the fit consists only of vertigo, a momentary loss of consciousness and a state of confusion or deep abstraction. These are called epileptoid attacks—*le petit mal of the French*. The morbid condition giving rise to epilepsy is seated in the *medulla oblongata* and *pons Varolii*; however, the toxic agent is as yet unknown. Intra-cranial lesions and cerebral anæmia are sometimes connected with it, and of other causes may be named intemperance, venereal excesses, lead poisoning and phimosis, even intestinal worms. *Treatment* according to cause—*Calomel* (207); *Amyl* (37 & 308); *Belladonna* (pp. 23 & 24); *Anilin* or *Camphora* (38 & 50); *Digitalis* (171); *Apomorphin* (240); *Woorara* (259); *Argentum*, *Capsicum* and *Zinc* (160, 170 & 194); *Lithium* (110); if suppressed menses be the cause, *Croton* (225), etc. Of all the remedies *Brom* (pp. 26 & 27) takes the lead, as it may be taken for years, if care be taken to discontinue it for a few days whenever *Bromism* is produced.

EPISTAXIS. See Hemorrhage from the nose.

EPITHELIOMA. See Carcinoma.

EPULIS. See Mouth.

EROSIONS OF CERVIX. See Uterus (Degeneration).

ERUPTIONS OR EXANTHEMATA. See Skin.

ERUPTIVE FEVER. See Fever.

ERYSIPELAS—A diffuse inflammation of a low type, affecting the skin: *simple erysipelas*, or skin and areolar tissue: *phlegmonous erysipelas*, with a tendency to spread, and accompanied by fever—the *high temp. being diagnostic*. It attacks generally the face, spreading to scalp, throat or trunk; but it will affect with predilection injured parts all over the body. *Treatment* as in septicæmia and according to the severity of the case—*Warm poppy* fomentations; *flour*, dusted over the inflamed surface; *cotton* as cover, or *pressure* by means of bandages; *Argenti Nitras*, *Ichthyol*, *Cocaine*, etc. (404 & 5); *Naphthol*, *Creosote* (390 & 98), or *Phenol* as injection (p. 107). A hypodermic injection of *Sublimatæ* (0.0006) *bis die* is said to be very efficient. *Minute punctures*, about 2 mm. deep, may be made with the point of a lancet in simple; *deep incisions*, about 3 cm. long, carried to the diseased tissue in phlegmon. Rapid strokes with *a red hot iron* over the erysipelatous surface, previously covered with a thick layer of felt, so as to strongly warm the affected part, are also recommended. Internally, *sulfides* (pp. 18 & 19); *Mangan* (p. 82); *Brom* (48), if delirium. *Aconite* (p. 22) is said to act abortive in the sthenic type, with *Lead* and *Opium* wash (337), applied hot, and the compresses covered with oiled silk. *Ammon.* and *Terebinth.* (pp. 43 & 67), in cardiac weakness. If constipation, *enemata* (385 & 86); if diarrhœa and sickness (from

irritable stomach), *Bismuth* or *Mercury* (pp. 46 & 93). If there be bilious vomiting in idiopathic erysipelas, it is well to purge—a *hot Mustard* poultice over the epigastrium gives sometimes instantaneous relief. *Belladonna* (p. 24) in idiopathic facial. In the rest, *brandy* (p. 72) as support, and *tonics*—*Ferrum* (pp. 66 & 79) is only of service in simple facial, if idiopathic; and Quinine is in all cases, if not dangerous, at least useless, as the dilatation, that precedes the contraction of the blood-vessels, does harm.

ERYTHEMA. See Skin.

EXANTHEMATA AND EXANTHEMATOUS FEVERS. See Eruptions and Fevers.

EXCITEMENT (NERVOUS) will in many cases yield to a *Seidlitz powder*, *Brom* (p. 25), or *Nitre* (124). The latter is particularly useful, if caused by fright. See Hysteria.

EXCORIATIONS. See Skin (Intertrigo).

EXHAUSTION. See Debility.

EYE—*Ophthalmitis* is called the inflammation, in which all the inner structures of the eye are more or less involved. It is characterized by a bright pink red of the sclerotica; the iris discolored from increased vascularity or effusion, sometimes adhering to the capsule of the lens, sometimes bulging; in severe cases enlargement of the whole eyeball, swelling of the lids, chemosis, scalding tears and suppuration—the latter is indicated by shiverings. It is accompanied by agonizing pain, and generally caused by injuries or sympathetically in consequence of disorganization of its fellow. *Treatment*—Removal of foreign bodies, chemical irritants, etc., as far as possible; perfect rest of the eye by keeping it closed and *cold compresses*. At the same time *purgatives*

(p. 88), and to allay pain, *Opium* or *Cocaine* (pp. 35 & 112). Prolapse of the iris in consequence of penetrating wounds of the cornea, may sometimes be reduced by closing the eye and very gently rubbing the lid against the cornea, and afterward exposing it to a strong light, to cause the pupil to contract. *Atropia* or *Physostigmin* (pp. 112 & 13). A foreign body having passed deep into the globe of the eye, so that it cannot be extracted, if it cause no irritation, may be allowed to remain, as it might become encysted; otherwise it will be well to enucleate the eyeball at once, to prevent the loss of the other eye from sympathetic ophthalmitis.

*Foreign bodies inside the lids* may easily be removed by everting these; when in the cornea, *Cocaine* (263) will be useful. For injuries with acids or alkalies, or for removal of particles of lime or mortar, *syringing* with *water* is the best and readiest remedy. Blows on the eye are generally followed by ecchymosis; sometimes by an effusion of blood in the anterior chamber, which, however, is mostly absorbed within a fortnight, if inflammation be kept down. A deposit of pus in the anterior chamber (*hypopion*) is mostly a consequence of acute iritis—see Keratitis suppurativa.

*Iritis*—Inflammation of the iris, which always involves other interior parts of the eye, thus constituting in reality *ophthalmitis*, is generally dependent on a rheumatic or syphilitic taint. It is characterized by discoloration of the iris, irregular contraction, immobility of pupil, more or less vascularity of the sclerotica, making the whole eye appear of a pink redness, associated with dimness of vision, intolerance of light, and pain — especially a neuralgic aching of the brow and parts around the

orbit in nocturnal paroxysms. *Treatment* is directed to the special cause; for the relief of pain, *Atropia* (262).

*Cornea—Acute Keratitis*, characterized by a red and opaque cornea, with a highly vascular sclerotica around it, and leading sometimes to ulceration, is frequently a consequence of neglected injury. *Treatment*—Next to rest, *fomentations*, and if it be necessary, a few *leeches* to the temples, or *tapping* of the anterior chamber. A nourishing diet in conjunction with *tonics* (p. 70) is sometimes required.

*Keratitis parenchymatosa*—Strumous corneitis has, in addition to the above characteristics, a tendency to inflammation of the iris and retina. The cornea becomes unusually prominent. *Treatment*—If acute, *fomentations* and *cathartics* (p. 88); for the chronic form, repeated *blisters* (408) to temples and behind the ear, with *tonics* and *alteratives*—*Jodine* (p. 14); *Quinine* and *Iron* (p. 76); *Oleum Jecoris* (p. 84), etc.

*Keratitis phlyctenulosa* begins with a phlyctenula on the epithelium of the cornea, which becomes a nodule, changes soon into a vesicle, and ultimately an ulcer, being accompanied with great intolerance of light, so that the lids keep spasmodically closed, and the tears gush forth on every attempt to open them. If the pimple forms on the conjunctiva (*Conjunctivitis phlyctenulosa*) there is less photophobia. The disease lasts about ten days, but generally recurs. *Treatment*—Aside from *cathartics* and *tonics*, *poppy fomentations* and small *blisters* behind the ear; afterward *Calome'* (268). Photophobia and Blepharospasm are sometimes relieved by *Conium* (63 & 264), or *Woorara* (259).

*Keratitis suppurativa*—Either an abscess on the sur-



face of the cornea, usually called ulceration of the cornea, or an interstitial abscess—a yellow pus spot with a sharp edge, or diffused in any part of the cornea. In the latter form the pus should be evacuated early by tapping the aqueous tumor after having applied *Atropin* (262) to prevent prolapse of the iris.

*Ulcus Corneæ*—When as consequence of a scrofulous phlyctenula, the ulcer is generally deep, and tends to perforate the cornea, leaving an opaque cicatrix; when arising from other causes, it is often superficial. Again ulcers may form on a surface that is already rendered nebulous or opaque by inflammation. The general *treatment* as in phlyctenular inflammation; locally, frequent *fomentations*; *Bor* or *Iodoform* (263 & 69), and keeping the eye warm and closed with cotton and a light bandage.

*Conjunctivitis catarrhalis*—Inflammation of the conjunctiva is characterized by increased lachrymal secretion, a mucous or muco-purulent discharge, attended with smarting, heat, stiffness and dryness of the eye, and a feeling as if sand had got into it. It is dependent on cold, local irritation, and sometimes on a weak constitution. *Treatment*—Lotions of *Zinc*, *Alum*, etc. (261 & 75), and, perhaps, *torics* (p. 70). In the chronic form *Iodoform* (269) may be tried.

*Conjunctivitis purulenta*—A violent inflammation with a thick, purulent discharge, which supervenes after one or two days duration, and may lead to ulceration or sloughing of the cornea, followed by inflammation of the internal parts of the eye. The form called *contagious* or *Egyptian ophthalmia* is not so destructive as the *gonorrhœal variety*, which develops very soon after the



contact with urethral pus. *Ophthalmia Neonatorum*, which is generally produced by a vaginal discharge from the mother, specific or no, will, if neglected, also terminate in ophthalmitis. *Treatment*—Aside from rest and *cathartics* (p. 88), *Argenti Nitras* (261), with *cold compresses* and *Bor* (260) locally. Hard chemosis, which is overlapping the cornea, should be freely *incised*. In infants, an early treatment with weak *astringent lotions*, as *thea*, combined with cleanliness, will generally suffice (261 & 67).

*Granulations on the conjunctiva* consist either of enlarged papillæ, and are a sequel of chronic conjunctivitis or of an injudicious treatment with irritating applications; or they are enlarged lymph cells (*trachoma*) in appearance, not unlike sago, which frequently co-exist with catarrhal or purulent conjunctivitis. They require a *tonic treatment*; locally, *Bor* (260); and sometimes scarification. If chronic the part should be squeezed by means of *trachoma forceps* so as to completely express the follicular contents.

*Pterigium*—A morbid formation of the conjunctiva, a triangular portion of which, with the apex toward the cornea, becomes thickened, elevated, red and fleshy, and may spread over the cornea, so as to obstruct vision. It depends on continued exposure to heat. *Treatment*—The growth should be seized close to the cornea with a tenaculum forceps, cut quite across and dissected off toward the internal canthus, taking care not to extirpate the semilunar fold and caruncle.

*Nebula*—A partial opacity of the cornea, which results from effusion between the corneal layers or between the cornea and conjunctiva from inflammation or healing

ulcers. It will in time disappear without any treatment whatever. *Arcussenilis* is called a circumferencial lunated opacity of the cornea, depending on fatty degeneration, and supposed to be associated with a like condition of the heart. *Leucoma* or *Albugo* is a white cicatrix, produced through loss of corneal substance from ulceration, which is indelible—if it retains its vascularity it is called *Pannus*.

*Staphyloma* of the cornea is said to exist when a portion or the whole of the cornea, disorganized by injury or disease, has perished, and the cicatrix, with which the iris has become covered, bulges before the pressure of the humors and forms an opaque, white prominence. **Treatment**—If growing it should always be removed to prevent further disorganization. Having transfixed the tumor with a needle or hook, it may be *sliced off* close to the eyelid, and cotton with a bandage applied. If the lens be present it must be taken out.

*Hernia Corneæ*—When the cornea is nearly perforated by an ulcer, a thin vesicle is apt to protrude from the aperture, consisting of the posterior elastic membrane. The eye has to be kept closed for a few days by means of a *bandage*, to insure speedy cicatrization.

*Hordeolum*—A sty is a small painful boil at the edge of the lid, having its seat in the follicle of a cilium. It is always dependent on a debilitated constitution. **Treatment**—Aside from *alteratives* and *tonics* (pp. 8 & 69) to invigorate the general health, *poultices* or *fomentations* locally; afterward perhaps *Ungt. Hydr. nitr.* (266). The so-called *tarsal tumor*, which consists of one of the acini of the *Meibomian* glands of the lid, is situated *very near, but never on*, the margin of the lid,

like hordeolum. It may be cut across with a *small scapel*, and the contents squeezed out.

*Eczema Palpebrarum* (*Ophthalmia Tarsi*)—A usually chronic eczematous inflammation of the palpebral conjunctiva and the edge of the eyelids, with a morbid secretion of the *Maibomian* glands (so that the lids will stick together and become encrusted with dried secretion during sleep), leading frequently to ulceration of the lids, disease of the hair follicles, and loss of the eyelashes; even to thickening and subsequent inversion of the edge of the lids. It mostly occurs to weakly persons with disordered digestion. *Treatment*—The lashes should be cut off, the eyes bathed with *warm water* several times daily, and at night the edges of the lids be smeared with *lard* or *Ungt. Hydr. nitr.* (266). At the same time *aperients* (p. 88); *alteratives* and *tonics* (pp. 8 & 69), and if possible, change of air.

*Trichiasis*—A growing inward of the eyelashes, leading to inflammation or ulceration of the cornea, and depending on some changes in the fibro-cellular tissue, in which the ciliary follicles lie. *Treatment*—If plucking of the offending ciliæ will not answer, roots and bulbs must be extirpated with *the knife*.

*Ectropion*—Eversion of the eyelid, caused by a thickening of the conjunctiva, owing to chronic inflammation or to a cicatrix on the cheek; often it is a consequence of the cicatrization resulting from the healing of abscesses at the edge of the orbit. *Entropion*—Inversion of the lid, produced by the unnatural action of that portion of the *orbicularis palpebrarum* which covers the edges of the tarsal cartilage. *Operation* is the remedy.

*Lagophthalmos*—Hare-eye is called the inability of

closing the palpebræ, and depends either on cicatrices or upon inaction of the *orbicularis* through palsy of the *portio dura*. In the latter case *fomentations*, a *blister* behind the ear, and *aperients* (p. 88), may suffice, unless it be due to some specific disease.

*Ptoſis*—A falling of the upper eyelid, whereby the eye is more or less closed, and depending on inaction of the *levator palpebræ*, in consequence of paralysis of the *third nerve* or on senile loss of power of the muscle; or it follows injury to the eyelid, whereby the nerve supply is more or less destroyed. In the first case, if it is attended with headache, giddiness and other signs of brain disturbance, the *treatment* should consist of rest, with *purgatives*, and locally, *cold compresses*; if caused by exposure to draught, *tonics* may be employed. In cases where general measures fail, a *surgical operation*.

*Symblepharon*—Union of the eyelid to the ball, produced by ulceration of the lid and the surface of the globe in consequence of some accident, is generally irremediable.

*Pediculi*—These parasites lodge sometimes about the roots of the eyelashes, and produce obstinate itching. *Unguentum mercuriale* is the remedy.

*Epiphora*—An over-secretion of tears, so that they run over the cheeks from irritability of the lachrymal gland or a hyperæmic state of the conjunctiva, common in scrophulous children. Aside from *warm local applications*, *purgatives*, *alteratives* and *tonics*.

*Xerophthalmos*—Dryness of the eye from deficiency of the mucous secretion of the conjunctiva in consequence of severe inflammation or too much cauterization, and may be relieved by applying *milk* or *Glycerin*.

*Stillicidium lachrymarum*—Watering of the eye is caused by an over-flow of tears in consequence of an obstruction somewhere in the lachrymal apparatus. If the *puncta lachrymalia* be closed in consequence of inflammation in their neighborhood, it is only temporary; if congenital, it is incurable. In other cases a *caniculus* is generally obstructed as well, which should be *slit open* at once, and prevented from closing again, by passing for a few days occasionally *a probe* into it. Sometimes there is obstruction of the nasal duct in consequence of a thickening of its lining membrane, not uncommon in scrophulous persons, attended with a perpetual watering of one eye and dryness of the corresponding nostril. This is characterized by a small tumor by the side of the nose, which consists of the lachrymal sac distended with tears and pus, and the contents of which can be squeezed upward through the *puncta*, and downward into the nose if the obstruction is not quite complete. The best plan is to *slit open a caniculus* and pass from there twice a week *a style* into the nasal duct (to be kept there half an hour) until the stricture is overcome.

*Dacryocystitis*—Inflammation of the sac is known by redness, swelling and pain at the side of the nose, implicating the conjunctiva and eyelids, and attended with fever and headache. *Treatment*—If acute, *leeches*, *cold compresses* and *cathartics* (p. 88); if the pain becomes throbbing, the sac more and more distended, and its contents cannot be pressed down into the nose, the impediment within the nasal duct must be removed by *catheterization* as indicated. In the chronic form, an *astringent* (273) may be applied twice a day to the inner angle of the eye, to be transmitted to the sac by strong and

repeated inspirations, with mouth and nose well closed.

*Fistula lachrymalis* signifies a fistular opening at the inner corner of the eye, communicating with the lachrymal sac, the ordinary consequence of an obstruction of the nasal duct, if not in time relieved.

*Synechia anterior et posterior* consists of an adhesion of the iris to the cornea or capsule in consequence of organization of lymph from protracted iritis. *Artificial pupil* by *iridectomy*. In *Atresia iridis*, which is dependent on the same cause, *iridectomy* is also the only remedy.

*Myosis*—Inability of pupil to dilate, attended with great obscurity in vision, and sometimes with injury to the *sympathetic* of the neck. *Attention* to general health and *rest* to the eye—*Atropin* does harm.

*Mydriasis*—A preternatural dilatation of the pupil, which does not contract on exposure to light, caused by any injury of the brain affecting the *tubercula quadrigemina*, as in apoplexy and compression, or on a derangement of the nerves supplying the iris, in which case it may be attended with ptosis—from paralysis of the *third nerve*;—or it may even depend on gastric irritation and general debility. It is often an attendant of confirmed amaurosis. *Ergot* or *Strychn.* (pp. 78 & 83), in conjunction with *blisters* to the temples, are sometimes of use.

*Cataract* (*Grauer Staar* of the Germans)—Opacity of the lens or of the capsule, or of both. *Operation.*

*Glaucoma*—Choroiditis with diffuse imbibition by the vitreous body, which latter increases the intraocular pressure, terminating in disorganization and total blindness, is characterized by a stony hardness of the eyeball, a steamy looking cornea, and a dilated and fixed pupil. In the acute form—*glaucoma fulminans*—which occurs

generally in feeble constitutions of elderly people, there is at the same time a violent neuralgic pain in the eye and throughout the ophthalmic branches of the *fifth nerve*.

**Treatment**.—Next to rest, *cold compresses*, *leeches* and *tapping* of the anterior chamber. *Iridectomy* if chronic.

*Asthenopia* or *weakness of sight* (*muscae volitantes*), if dependent on hypermetropia, may be ameliorated by spectacles. If associated with intolerance of light, it is usually an accompaniment of short sight, easily recognized by the *contracted brow* and *half closed, continually winking eyelids*.

*Amaurosis* and *Amblyopia*.—Blindness is often associated with some disease of the brain or spinal marrow—embolism of the central artery of the retina is a common cause of blindness. **Treatment**.—*Pulsatilla* (23), or *Nux Vomica* (p. 83) may be tried, and *Strychn.* or *Veratrin* (271 & 72) locally. Impaired vision, which may be a consequence of atrophy of the optic nerve, detached retina, retinitis, displacement of the lens, etc., is seldom amenable to amelioration.

*Myopia*.—*Short sight* dependent on the fact that parallel rays are brought to a focus *before* they reach the retina on account of either the refracting power of the eye being too great, or its antero-posterior axis too long. Use of *carefully adjusted spectacles*. *Presbyopia* or far sightedness is called a narrowing of the range of accommodation, owing to changes in the lens and ciliary muscle.

*Hypermetropia* is the converse of *myopia*: Parallel rays of light are not brought to a focus on the retina, but behind it, owing to the refracting power of the eye being too low, or the optic axis too short. It being one of the *most common causes of asthenopia* or *impaired vision*,



and of *convergent strabismus*, it should be corrected by well selected *convex spectacles*. *Astigmatismus* (*irregular refraction*)—When different meridians of the same eye have different powers of refraction, characterized by the fact that whilst some lines or objects are seen clear, the neighboring ones look blurred. It may be owing to original conformation, cicatrized ulcers, or a conical condition of the cornea; or to disease or displacement of the lens. In *Keratoconus*, where the abnormal bulging of the cornea causes first shortsightedness, but by degrees inability to see anything at all on account of too great refracting power, a *concave glass* or a *perforated diaphragm*, or the two combined, will sometimes remedy the faulty refraction; but an *artificial pupil* by *iridodesis* will be more satisfactory.

*Strabismus*—Squinting signifies a want of parallelism in the position and motion of the two eyeballs. It is called *convergent*, when the affected eye is turned inward, which form occurs generally in young people, and is frequently due to *hyperopia*. When the eye is turned outward, as chiefly met with in elderly people (being due to a myopic condition or to partial paralysis of the *internal rectus*), it is called *divergent*. Moreover, squinting may result from congenital imperfection; it may be induced by using one eye constantly, or by imitating squinting persons. Sometimes it is a sequel of fever; and a disordered digestion, teething, worms, fright and fits of passion are known to give rise to it. Frequently it is caused by some disturbance in the brain, being often the precursor of acute hydrocephalus and convulsions in children; and when it is accompanied by *dropping of the eyelids, sleepiness, torpor of the intellect, or a*



*staggering gait*, some mischief within the head may fairly be anticipated. **Treatment**—Squinting of not more than a few weeks duration may often be removed by a judicious management of the case, having for object the strengthening of the weak eye by exercise: *Shutting up* the sound one; *wearing goggles*; *placing black patches* on the nose, etc. If the squinting is of long standing, the *internal resp. external rectus* must be divided to insure a cure, provided the antagonist be not paralyzed—*if the disparity in vision is too great this operation will neither be of lasting benefit.*

**FAINTING.** See Syncope.

**FALLING OF WOMB** (*Prolapsus uteri*). See Uterus (Displacements).

**FEBRICULA**—An ephemeral form of simple or essential fever, being not secondary to a local affection, but primary or idiopathic. It is associated with anorexia, constipation, headache, and more or less pain in the limbs, and lasts generally from one to three, seldom more, days. **Treatment** embraces *refrigerants* (p. 57); *saline laxatives* (p. 97); and, perhaps, *anodynes* (p. 20).

**FEBRILE DISEASES**—Local affections, attended with elevation of temperature and increased frequency of the heart's action—the so-called *symptomatic fever*. **Treatment**—*Aconite* or *Veratrum* (35 & 84); *Nitre* (pp. 55–57); *Cinchonidin* (p. 12), etc.

**FEET. SWEATING.** See Ephidrosis.

**FETOR ORIS** (Stomatodysodia). See Mouth.

**FEVER. BILIOUS.** See Fever (remittent).

**FEVER. CONTINUED.** See Typhoid, Typhus, Relapsing and Erysipelatous fever

**FEVER. ERUPTIVE OR EXANTHEMATOUS.** See Scar-

latina, Morbilli, Rubeola, Roseola, Varicelli and Variola—the latter for differential diagnosis.

FEVER. ESSENTIAL—An idiopathic fever, characterized by continuity or periodicity; or by specific eruptions of the skin, constituting those general diseases known as continued, periodical and exanthematous fevers.

FEVER. GASTRIC. See Gastritis.

FEVER. HAY. See Asthma.

FEVER. HECTIC. An insidious fever, which accompanies chronic disease, especially suppuration, and characterized by daily paroxysms of chills, followed by dry heat and sour perspiration, and a marked tendency to diarrhœa, leading sooner or later to emaciation. *Treatment* relates to the cause. *Salicin* (p. 18); *Phosphor* (154), and other *tonics*.

FEVER. INTERMITTENT (*Fever and Ague, Swamp fever, the Snakes, etc.*)—A periodical fever, due to a special morbid agent, known as *malaria*, and characterized by febrile paroxysms, which occur at definite intervals, thus constituting various types of the disease: The *quotidian*, if the paroxysm occurs every day—the *tertian*, if every other day—*quartan*, if every fourth day; and consisting generally of three distinct periods, a cold, a hot, and a sweating stage, followed always by a perfectly apyrexial interval. It is called *pernicious*, if it is associated with symptoms dangerous in themselves: Intense jaundice—*Icteric Intermittents*; hæmaturia or hemorrhage in other situations—*Hæmorrhagic I.*; vomiting and purging—*Choleraic I.*; cold extremities—*Algid I.*; restlessness and prostration—*Asthenic I.* In the comatose or apoplectic form the coma is sometimes preceded by delirium or convulsions. *Treatment*—*Quinine* (p. 11)

directly after the paroxysm; if irritability of stomach, the tasteless *tannate*, especially in children—gr. v *ter die* to child of 3 years. Or it may be administered *per anum* or *hypodermically* (384 & 244). For rectal injections, the bisulfate, muriate or bromide are preferable to the sulfate on account of their greater solubility. In the hot stage, *sponging* (420). Of other remedies may be mentioned *Acidum nitricum*, *Cedron* (pp. 9 & 10); *Salicin*, *Resorcin* (pp. 14 & 16); *Ammon. and Tablesalt* (pp. 44 & 96); *Bebeeria*, *Cocaine*, *Cuprum* (pp. 74–78); *Phenol* or *Pilocarpin hypoderm.* (pp. 51, 107 & 110)—the latter injected before the paroxysm is said to prevent the same. In chronic intermittens, *Arsenic* (p. 10) is perhaps the best remedy—0.0005 or one drop of Fowler's solution *ter die* may be safely given to a child of 3 years—but it must be used for some time. The pernicious form has to be treated symptomatically. *Opium* (p. 35) in restlessness, convulsions, diarrhœa, etc.; *Chloroform* (p. 31) to induce sleep; *Camphora* externally (409) in cold stage; *brandy* (p. 72), and other *stimulants* as support, if necessary. *As the pernicious paroxysm is always preceded by at least one devoid of danger*, it is of importance to prevent another. Anæmia and general dropsy as sequel requires *Ferrum* (pp. 76 & 79). In enlargement of spleen—*ague cake*, *Quinine* (pp. 11 & 76); *Brom* and *Ergot* (pp. 24 & 65, with *Belladonna plaster* (411), etc.

FEVER. PERIODICAL. See Fever (Intermittent. Remittent, Typho-malarial and Yellow fever).

FEVER. PUERPERAL. See Puerperal fever.

FEVER. RELAPSING (*Typhus recurrens*, *Hunger-pest*)  
A form of continued fever, contagious, and without a prodromic stage, characterized by sudden paroxysms,

which are ushered in by a chill, and may last from two to ten days, being separated by a thorough apyrexial period of a similar duration; frequently attended by nausea and vomiting, and above all, by muscular pains, which will continue during the intermission. The paroxysms are supposed to be due *to broods of spirilla*, as they terminate with their existence, and reappear with a fresh brood. *Treatment*—Aside from a milk diet, and, in asthenic cases, *brandy* (p. 72), *sponging* or the *wet sheet* (420), with *salines* (p. 96), and if necessary *anodynes* (p. 20). Afterward *tonics* (p. 76).

FEVER. REMITTENT—A periodical fever, dependent like intermittens on malaria, and characterized by distinct remissions, which may take place at intervals corresponding to those of apyrexia in the various types of the latter, and associated with gastric symptoms: nausea and vomiting, with some tenderness over the epigastrium. *Treatment* essentially that of intermittens—*sponging* or the *wet sheet* (420), as in typhoid, if the skin is very hot and dry. The malignant form—*Jungle fever*—standing in the same relation to pernicious intermittens as the simple forms to each other, claims the treatment of that disease.

“FEVER. SCARLET. See Scarlatina.

FEVER. TYPHO-MALARIAL—Being as the name suggests, produced by the combined action of malaria poison and the especial cause of typhoid, it is also characterized by the symptoms of both of these diseases: Periodicity of fever, diarrhœa, tympanitis and iliac tenderness, connected with abdominal lesions, in conjunction with the ataxic series, as delirium, *subsultus tendinum*, etc., according to the proportions in which

they may stand to each other in the different cases. The *treatment* is, of course, *anti-periodic* and *anti-typhoid*.

FEVER. YELLOW—An essential fever of a miasmatic-infectious nature, and peculiar to warm climates, where it occurs sporadically and epidemically. It is of more or less intensity, without a particular distinctive character, generally ushered in abruptly by a chill, and lasting from a few hours to three days—when, in mild cases, reconvalescence may take place—followed after a short time of comparative ease by black vomit, yellowness of skin, especially of the conjunctiva, hemorrhage, a notable fall of the pulse (sometimes to 30 p. minute), and all signs of collapse. The *treatment* is symptomatically: Aside from a milk with *lime-water* diet, *sponging* (420). In gastric irritability and vomiting, *ice per os*; *sinapism* to epigastrium, and internally *Creosot* (p. 64); *Cyan* or *Chloroform* (pp. 30-32), or *Pilocarpin* (pp. 51 & 110). Restlessness requires *Opium* (p. 35); hemorrhage, *Ergot* (p. 65); and prostration, *brandy* (p. 73) *per anum*, if not retained by the stomach.

FIBROID. See Uterus.

FINAL CESSATION OF MENSES. See Menopause.

FISSURE OF ANUS. See Anus.

FISTULA. FECAL, URINARY AND VAGINAL. See Vagina.

FIT. See Convulsions.

FLATULENCY. See Tympanitis.

FLEXIONS. See Uterus (displacements).

FLUOR ALBUS. See Leucorrhœa.

FRACTURES are solutions of continuity of a bone, as wounds are of the soft parts. A fracture is called *simple* when there is no wound communicating with it; *compound*, when there is such a wound; and *complicated*,

where there is laceration of an artery or joint, or other additional injury. *Comminuted* it is said to be if the bone is broken into more than two pieces at one place, *multiple*, if broken at different places, or more than one bone in the same limb. It is characterized by *deformity*, *preternatural mobility* and *crepitus* in conjunction with more or less pain, swelling and helplessness of the injured part, spasm of the muscles, and sometimes considerable subcutaneous ecchymosis. However, deformity may be absent in fracture of the ribs, pelvis and scapula, and the other signs are sometimes wanting in impacted fracture, or when the bones are held firmly by muscular spasm. *Treatment*—While the upper end of the limb is held steadily by one assistant, the lower is *extended*, i. e., firmly, gradually and gently drawn in such a direction as to restore the limb to the proper length and shape; the surgeon meanwhile manipulating with his fingers, and placing the fragments in their correct position. *Chloroform* (304) may, if necessary, be administered to prevent pain and spasm. Under continued extension the whole of the fractured limb should then be bandaged from its extremity, for the purpose of preventing contraction of the muscles and swelling. Now, layers of wadding or old linen to fill up all hollows may be applied, a strip of stout tape laid lengthwise on the limb, and the whole evenly covered with layers of bandages of old linen, well soaked in starch or dextrine. If the apparatus has to be got off or loosened (as in case of swelling), it may be lifted with the tape and easily ripped up by means of scissors as a complete mould, and without wounding the skin—if dampened with boiling water it can be softened and put on again more com-

fortably, but sufficiently tight to keep the parts steadily in their place. (Plaster of Paris is also a good material). Wounds and doubtful bruises should be left uncovered, and every newly-set fracture, especially if done up in a circular bandage, should be examined after six hours: If the fingers or toes are blue or benumbed, there would be a possibility of gangrene. The remaining treatment must be conducted on general principles. *Cordials* (p. 72) to restore the patient from the shock of the injury; the *catheter*—usually required after fracture of the leg; *aperients* (p. 88), *cold lotions* and *leeches* must be employed at the discretion of the practitioner. *Opium* in grain doses 1–3 times a day, and if need be, with *Colocynthis*, may be given to allay pain and irritation. (For consolidation fractures require from 30–40 days.

FRECKLES. See Skin.

FRIGHT. See Excitement.

FROSTBITES. See Perniones.

FURUNCULUS (Boil)—A circumscribed, round and hard swelling from inflammation of true skin, attended with pain and tenderness, and ending in suppuration. It is caused by unwholesome food and depressing influences generally. For treatment see Carbuncle—*Poultices* with *purgatives* (p. 88); *Napthol* (21), and, perhaps, the *knife*. If indolent, *Creosote*, *Opium*, *Iodine* (398, 400 & 402).

GALLSTONES. See Calculi (biliary).

GANGRENE—A mortification of tissue in consequence of inflammatory action or obstruction in the circulation, etc., *accompanied by putrefaction*; or dependent on some constitutional cause, and the result of deficient supply of blood, etc., *the dead part becoming dry and hard*: This constitutes *dry gangrene*, whilst the former is called



*humid or moist*, the decomposed effusion being known as *slough*. **Treatment** according to causation, with local applications of *Phenol*, *Brom* (398); *Chrom* or *Salicin* (344 & 99); in hospital gangrene, *Ol. Terebinth*, *Creosote* or *Acidum nitricum* (352 & 72). See Phagedæna. For *Pulmonary Gangrene* see Lung.

**GASTRALGIA** (*Gastrodynia*)—A neuralgic affection of the stomach, frequently associated with spasmodic contractions, so as to give the pains a griping character (*colic*), and accompanied sometimes by vomiting and dyspeptic symptoms. In the chronic form the pain occurs either in more or less frequent paroxysms; or it is continuous with occasional exacerbations. **Treatment**—*Fomentations* or a *sinapism* to epigastrium; and internally, *Belladonna*, *Brom* or *Hyoscyamus* (pp. 22 & 23); *Cyan* (66)—*Morphine* is objectionable—*Bismuth* in large doses (p. 46); *Spir. æthereus* or *brandy*; *Nux Vomica* or *Pepsin* (pp. 83 & 84); *Alum* (p. 63); *Arsenic* and *Quinine* (pp. 9 & 11); *Argentum* (p. 74), etc. See Colica intestinalis.

**GASTRITIS**—*Gastric Catarrh*, if accompanied with considerable pyrexia, *Gastric Fever* is called an inflammation of the stomach, caused mostly by abuse of alcohol and dietetic excesses, and characterized by distressing pain in the epigastric region, which is increased on pressure; nausea and vomiting; intense thirst; and, unless the consequence of irritant poison, constipation. *In acrid poisoning there is generally diarrhœa, vomiting of bloody matter, and burning pain in mouth, fauces and œsophagus.* **Treatment**—Aside from *fomentations*, *turpentine stupes* or *sinapisms* to epigastrium, *Morphine* at once (77 & 255); *ice* to allay the thirst, and milk with *Aq. Calcis* as diet. *Emetics* and *cathartics* are contra-



indicated; instead of the latter, *enemata* (385 & 86), if necessary. In the toxical form *emetics* or the *stomach-pump* to commence with; then, to neutralize the poison, the appropriate antidote. *In poisoning from an acid emetics are of no use.* In subacute gastritis (*bilious attack*) there exists sometimes irresistible desire to provoke vomiting by voluntary efforts on account of a secretion in the otherwise empty stomach, very much like that known as tenesmus, and produced by the particular form of inflammation. In the chronic form, nausea and vomiting, with anorexia and habitual thirst is more likely to occur than in functional disease; but still more characteristic is *the tenderness in the epigastric region, which is here continuous, and not only during digestion as in dyspepsia.* Chronic gastritis moreover results frequently from long continued nervous congestion of the stomach, caused by obstacles to the circulation in the liver, lungs and heart; and it is also present in certain cases of renal disease, because the *carb. of ammonia*, which is formed from the decomposition of *urea*, acts as a local irritant, when eliminated by the gastric *mucosa.* **Treatment—**Aside from a diet consisting of articles which are digested in the small intestines—*neither meat nor stimulants must be allowed—Cyan* or *Opium* may be given (p. 35); or *Hyoscyamus, Arsenic, Argentum, Ammon.* (p. 44); *Tannin* or *Creosote* (pp. 62 & 64); if vomiting of glazing matter, *Alum, Hydrastis* (p. 82), if from drink; and in atony or debility after the acute symptoms have passed, *Nux Vomica* and *acids* (pp. 61 & 71). See Dyspepsia.

GASTRIC ULCER. See Stomach.

GASTRO-INTESTINAL CATARRH. See Enteritis.

GASTRODYNIA. See Gastralgia.

**GASTRORRHAGIA** (*Gastrorrhœa*). See Hemorrhage (from stomach).

**GESTATION.** See Pregnancy.

**GINGIVITIS PARENCHYMATOSA** (*Stomatitis ulcerosa*).  
See Mouth.

**GLANDS.** See Lymphatics.

**GLEET.** See Gonorrhœa.

**GLOBUS HYSTERICUS**—The result of primary irritation of the uterine nerves, which is transmitted through the whole chain of ganglia to the nerves of the œsophagus and trachea, producing here spasm. See Hysteria.

**GLOSSITIS.** See Mouth.

**GLOTTIS. ŒDEMA.** See Larynx.

**GOITRE.** See Bronchocele.

**GONORRHOEA** (*Urethritis*)—A suppurative inflammation of the *mucosa* of the genitals, produced occasionally by gout—if attended with acid and irritating urine—and several other irritants; but generally it is due to contagion from matter of a mucous membrane in a similar condition, and characterized by a purulent discharge, scalding urine, and sometimes chordee (a painful crooked state of the penis during erection). It may be complicated with balanitis (a suppurative inflammation of the *mucosa* covering the glans), hemorrhage from the urethra, bubo, phimosis, orchitis, etc., and in severe cases the inflammation may reach the bladder, and cause even irritation of the kidneys. *Treatment* according to cause. In the acute stage, *saline cathartics* (p. 69); *Aconite* or *Nitre* (35 & 122); if *urdo urinæ*, *Potass.* (p. 54). Afterward *Copaiva* (106) in conjunction with injections of *Zinc, Plumbum*, etc. (327, 333-36). If chordee, *Camphora* or *Cocaine* (54 & 330). If balan-

itis, *Tannin*, etc. (396). A catheter dipped in *carbolic oil* (398) and passed into the urethra about one inch a-half every hour for five hours, is said to abort incipient gonorrhœa. In the chronic form—*gleet*, *tonics* (pp. 69 & 70); *Colchicum*, *Uva Ursi* (105 & 151), and injections of *Bismuth* or *Zinc* (326 & 336); if complicated with spermatorrhœa, *Ferrum* (143). Gonorrhœa in females requires a similar treatment. See Vaginitis.

GOUT. See Arthritis.

GRAVEL. See Urinary Deposits.

GROWTHS. See Tumors and Carcinoma; *Polypus in utero*—Hemorrhage (from the uterus); *other uterine growths*—Uterus.

GUMBOIL (*Parulis*) and SPONGY GUMS. See Mouth.

HÆMATEMESIS. See Hemorrhage (from the stomach).

HÆMATOCELE. RETRO-UTERINE—An extravasation of blood in the fossa, between the uterus and intestines, accompanied by a severe pain in the back passage, and frequent desire to defecate. (It must be discriminated from a retroverted or prolapsed uterus). *Treatment*—Aside from an enema of *Aqua tepida* (Oj) every night, to keep the bowels in a soluble state, the absorption of the blood may be assisted by occasionally *puncturing* the tumor, to allow the escape of a little blood, with a needle *per vaginam*. For the relief of pain *Morphine* (255). *Pudendal Hæmatocele*, which is generally connected with pregnancy or parturition, and which consists in a mass of blood, effused into the tissue of a *labium*, or the areolar tissue, surrounding the wall of the vagina, associated with a throbbing pain and difficulty of walking, may be treated with a *cooling lotion* (337). This, in conjunction with rest, will frequently suffice to

produce absorption of the thrombus; but if there is evidence of phlegmonous inflammation, suppuration should be encouraged by *poultices* (see Vulva). If the tumor be large, *an incision* by means of a bistoury should be made upon the mucous surface of the labium, the clot turned out of its *nidus*, and the cavity washed with *phenol-water* (398), to prevent phlegmonous inflammation or septicæmia. In case of hemorrhage the cavity must be washed with *Ferr. persulf.* (366 & 67), or pledgets of lint soaked in this astringent may be pressed into the sac, and if necessary *counter-pressure per vaginam*, by means of a cotton tampon.

*Pelvic Hæmatocele* or *Periuterine Hæmatoma* consists of an accumulation of blood in the pelvic cavity, either above or below the peritoneum, in consequence of sudden stoppage of the menses; obstruction of the cervical canal or Fallopian tubes; excessive coition; violent efforts; blows or falls, and the like, and is accompanied by great prostration: Pallor and faintness, nausea and vomiting, coldness of extremities, metrorrhagia with uterine tenesmus, in conjunction with a severe pain and a sensation *as if a large and heavy body existed in the pelvis, which the patient instinctively strives to expel through the vagina.* The reaction, which occurs within 48 hours, according to the degree of inflammation set up by the sanguinous accumulation, is marked usually by a tendency to chilliness, suppression of urine, and constipation, tympanitis, heat of body, and small but rapid pulse, pointing both to a sudden and excessive loss of blood, and to the existence of some substance in the pelvis, which mechanically interferes with the viscera. Vaginal touch will reveal a soft tumor, mostly posterior

to uterus and vagina, and generally partially closing the latter, and according to the quantity of the effused blood, or whether it has collected in the peritoneum or in the areolar tissue beneath it, *an abdominal tumor may be felt as high up as the navel, or may not be discovered at all*; but care should be taken not to confound it with pelvic cellulitis or abscess. **Treatment**—Aside from *cold compresses* or an *ice bladder* to *hypogastrium*, *Acid. sulf. arom.* or *Acid. gall.* (p. 61) in free doses, with cold drinks, especially *iced champagne* or *brandy and water*. In great nervous prostration *Opium* (255), *this being a more reliable stimulant than alcohol, having moreover the advantage of relieving pain*—see Hemorrhage from abortion. As long as nature seems to be causing the absorption of the tumor, it should be left alone; however, if there are signs of septicæmia—chills, febrile action and profuse sweating—the softening mass should be discharged *by incision*. After evacuation, the patient should not rise from bed, even for calls of nature, the bladder being emptied by the *catheter*—the bowels have to be kept constipated by *Opium*. Besides *poultices* to hypogastrium, and after abatement of acute symptoms, a *blister*, if necessary. Perfect rest is imperative.

HÆMATURIA. See Hemorrhage (from the urethra).

HÆMOGLOBINURIA (*Hæmatinuria*)—Intermittent or paroxysmal hæmaturia is a hæmic affection, characterized by an attack of chilliness, followed by more or less fever, and associated with the elimination of hæmoglobin by the kidneys, the blood-corpuscles having previously undergone a kind of dissolution. The affection is supposed to be due to exposure to cold. **Treatment**—*Brandy* and *tonics* (p. 69), in conjunction with *warmth*.

**HÆMOMETRA.** See Uterus (Imperforate Os).

**HÆMOPTYSIS.** See Hemorrhage (from the lungs).

**HÆMORRHOIDS**—*Piles* are small, indolent or inflamed tumors, near or within the anus, and consist of enlarged and knotted veins, covered with mucous membrane in various stages of congestion, and generally connected with a sluggish circulation in the abdominal veins and torpor of the bowels. They cause much discomfort, and more or less pain in defecation; frequently irritation of the bladder; and in women uterine irritation with mucous discharge, when inflamed, they will not only produce violent straining and prolapse, but occasionally much hemorrhage. *Treatment*—*Hot fomentations*, or *cold lotions*, *leeches* if necessary. Afterwards *Opium*, *Iodoform* or *Hyoscyamus* (337 & 373), in conjunction with *cathartics* (pp. 89 & 97). If bleeding, *Alum* (p. 63). Within the anus, they may be destroyed by cauterization with *Acid. nitric. v. carbol.* (372), unless they are actual tumors or a large tract of mucous membrane, when the *ligature* is the proper remedy, as *excision* is of external piles.

**HAIR**—Of the many remedies which are recommended for its growth, may be mentioned *Bals. peruvian.* and *brandy* (388 & 89)—see Head. To remove superfluous hair, *Calc.* (338) may be used, but *electrolysis* (p. 149) is preferable. (It is of importance that a strong light be directed on the surface to be operated upon, and that the latter be on a level with the operator's eyes).

**HAYASTHMA.** See Asthma.

**HEAD**—*Pityriasis* is a local disease, confined to the head, which consists of irregular patches of a furfuraeous or scaly nature. *Treatment* is local: *Citrine oint-*

*ment, Borax* (390) etc.. That form occurring in phthisical subjects seldom requires treatment, For *Pityriasis versicolor* see Skin (Parasitic Moles).

*Tinea Capitis* or *Porrigo* is an eczema affecting the scalp and frequently the face (in the latter case it is called *crusta lactea*). *Cuprum, Zinc, or Mercury* (391).

*Tinea Favus*—*Scaldhead* also known as *Porrigo* is a parasitic head disease consisting of cup-shaped scales, which requires the *same remedies*, after having removed the scab by softening it with *poultices* and *fat*.

*Tinea tonsurans, Porrigo s. Herpes tonsurans* consists in an erythematous inflammation of a circular form, accompanied by itching, and soon followed by a white, powderlike fungus (*Trichophyton*), which covers the epidermis between the single hairs, making them dry and brittle, so as easily to break. (If the same parasite forms on parts covered by lanugo, the disease is called *Dermatomycosis seu Trichophytosis tonsurans* (Ringworm), and if it forms under a nail, making it knotty or brittle, the disease is called *Onychomycosis tonsurans*. *Treatment*—*Iodine* (p. 15) or *Mercury* (390 & 92) with or without epilation. *Tinea pelada* or *Arca Celsi* is a form of alopecia, where lotions of *Ferrum* and *Jaborandi* (388) may be of service. In baldness (*Alopecia acquisita* or *calvities*) a whip will be the remedy.

*Tinea Sycosis* or *Mentagra*—The so-called Barber's Itch, is a simple inflammation of the hair follicles characterized by papules and vesicles. When due to a fungus, it is called *trichomycosis*. *Treatment*.—The loose hairs should be removed by means of the epilating forceps (as long as they are firm in the follicles, epilation does no good), afterwards *Mercury* or *Phenol* (392 & 98).



HEADACHE. See Cephalalgia.

HEART. *Pericarditis*—Inflammation of the serous cover of the heart, unless due to trauma, is mostly developed in articular rheumatism, pleurisy, and Bright's disease. It is characterized by increased action of the heart: quick, vibrating pulse, with pyrexia and its concomitants—anorexia, debility, etc., more or less pain in the præcordia, and a dry irritable cough, in conjunction with those symptoms arising from the co-existing affection. Almost pathognomic is the *cardiac friction murmur*—an adventitious sound, caused by friction of the pericardial surfaces in the movements of the heart—which may be heard at an early period, as exudation usually takes place within a few hours after the commencement of inflammation. *It is of a grating or creaking nature, generally double and not propagated beyond the borders of the heart; it may even be limited to a portion of the præcordial space.*

The existence of effusion may be determined by percussion, and the size and shape of the area of abnormal dulness, within which vocal resonance and fremitus are diminished or lost, will be in proportion to the amount of the liquid. Moreover the apex-beat of the heart is weakened or suppressed, and its situation may be altered as well. *Treatment*—*Poultices* or *cold compresses* to præcordia, with *Aconite* (p. 22) internally, and due attention to the causative disease. *Opium* (p. 35) to relieve pain; *Digitalis* (pp. 50 & 96), if effusion; and in second stage *brandy* (p. 72), as support. In the chronic form, *salines* (p. 96) and *tonics* (p. 69), with *Iodine* (413) or *blisters* locally.

*Endocarditis*—Inflammation of the membrane, lining



the cavities of the heart, is like pericarditis mostly connected with articular rheumatism and Bright's disease; and as endo-pericarditis it occurs occasionally in eruptive and continued fevers. It is characterized by palpitation, the heart's action being frequently out of proportion to the force of the pulse; and *the præcordial pain, if present, is but dull, not sharp and lancinating like that in pericarditis and pleuritis.* The *endocardial* or *bellows murmur* is systolic and consequently more regular in rhythm than the *pericardial murmur*. (As this murmur may proceed from valv. lesions, its existence or non-existence should be ascertained prior to the rheumatic attack). *Treatment*—Aside from *sina-pisms* and *stimulating liniments* to præcordia (409), *alkalies* (p. 54) internally—to prevent fibrinous deposits in rheumatism. If restlessness, *Chloral* (60) etc.

*Myocarditis*—Inflammation of the muscular structure is either interstitial and chronic, or suppurative. As it is impossible to diagnosticate the different myocardial lesions the *treatment* can be but *symptomatic*.

*Valvular Lesions*, unless congenital, affect nearly always the mitral and aortic orifice; and though sometimes syphilis may be traced as a remote cause, they are generally due to chronic endocarditis, whether they be of an obstructive nature—contraction or stenosis of the *ostia*; or regurgitant—*insufficiency of the valves*; or both. Sooner or later they lead to hypertrophy and dilatation, which generally co-exist, followed ultimately by general dropsy, beginning with anasarca of the lower limbs. Mitral lesions, before having led to hypertrophy, do not occasion inconvenience, then *deficiency of breath on exercise* is the first symptom, and increases in pro-

portion as the obstruction to the pulmonary circulation increases, until dyspnœa becomes habitual, culminating in orthopnœa, the patient being unable to lie down. Aortic lesions are attended more *by palpitation*, especially on mental emotions or exercise, and a præcordial pain, irrespective of *angina pectoris*. Whilst mitral lesions are characterized *by a systolic or presystolic murmur*, to be heard best near the *apex-beat*, the *systolic murmur* produced by aortic lesions (generally propagated with the *carotids*), is most distinct at the base of the heart. The latter must not be confounded with the *anæmic* or *hæmic murmur*, which is inorganic, being due to anæmia, and *known by its varying intensity*—sometimes it even disappears altogether; though mostly it is connected with the *venous hum of the jugularis*. The *tricuspid murmur* is best heard at the right inferior border of the heart, near the ensiform cartilage; and the *pulmonic murmur*, indicating pulmonic lesions (*unless anæmic*) at the base of the heart, over the pulmonary artery, in the second intercostal space, near the left margin of the sternum. The extent and gravity of the lesion may be ascertained by comparing the *diastolic murmurs* as produced separately at the aortic and pulmonary orifice—in the second intercostal space right and left to the sternum, and by the degree of hypertrophy, which is proportionate to the amount and duration of the obstruction and regurgitation caused by the lesion. *Treatment*—Aside from good nourishment to retard the progress of dilatation, *Digitalis* (171), if the heart's action is irregular and feeble from dilatation—not where hypertrophy predominates; it is especially useful in hypertrophy from mitral regurgitant lesions.

**Aconite** (p. 22), if the action of the heart is rapid, but not weakened by dilatation; and in cases where functional disorder is superadded, a brisk *hydragogue* (205) from time to time for the relief of dyspnœa; or **Ether** (304) or **Ammonia**; or dry cups to chest. **Ammonium** with **Senega** (pp. 43 & 73) in aortic regurgitation and **Iodine**, or a **Belladonna plaster** to præcordia (411 & 13). **Sedatives** (pp. 23–33) are sometimes of service. **Lobelia** (75) is occasionally used. **Nux Vomica** (p. 83), or **Coffeine** (p. 75) may also be tried; or **brandy** (p. 72) as stimulant, if required. *Anæmia should be treated, since irregular or excessive action of the heart, dyspnœa, and even dropsy may be due to the superadded functional disorder.*

**Hypertrophy and Dilatation**—The former is an abnormal increase of the muscular substance, being called *simple*, if the capacity of the cavities is of normal size; and *eccentric*, if it is enlarged, i. e. dilated. The latter is an abnormal enlargement of the cavities, called *simple*, if the muscular wall is of normal thickness; and *hypertrophic* or *atrophic*, if it is thicker or thinner than normal. Hypertrophy and dilatation, if primary, may be produced by habitual over-exertion of the muscular system, and by repeated nervous excitement of the heart; but mostly they are due to some mechanical obstacle to the circulation, which may be situated in the heart itself—valvul. lesions, etc., in the pulmonic—emphysema, pleuritic effusions, etc.; or in the systemic circulation—atheroma, small, granular kidney, etc. In proportion as the apex is removed *without* the left nipple, and *lowered*, is the amount of enlargement: The left border of the heart is found by percussion to *fall from one to three inches without* the left nipple, the sit-

nation of the right border and the base of the heart being generally but little changed. If the first sound is loud, prolonged and booming, the apex-beat be felt by the hand to be abnormally strong, especially if there be a heaving elevation of the præcordia with the ventricular systole, *hypertrophy predominates*; but if the first sound is weak, short and valvular, and the beating, if felt at all, feeble, *dilatation is in excess*. *Treatment* is not required in hypertrophy when compensatory; otherwise the excessive action of the heart must be moderated by *aperients* (p. 96), *Aconite* (35); *Bell.*, *Cyan* (43 & 68), etc. Dilatation has to be treated as in connection with valv. lesions. *Digitalis*, *Ergot*, *Ferrum* (pp. 78 & 79); *Cimicifuga* (p. 47); *Amyl* (37); etc.

*Fatty Degeneration or Obesity*—The metamorphosis of the muscular substance into fibrinous particles and fat, which in most cases is due to immoderate use of spirits and indolent habits, is characterized by more or less feebleness of the circulation, the pulse being irregular and intermittent (its number falling sometimes as low as 20 p. minute), with dyspnœa, occasional fits of syncope or angina pectoris. *Treatment*—Aside from animal food as diet, *with the exclusion of fat, mineral acids, Ferrum c. Chinino* (p. 71); *Cyan*; and in irregular action of the heart, *Digitalis*. *Alcoholic stimulants* (p. 72) in syncope or pseudo-apoplexy.

*Palpitation*—A disturbed action of the heart, which, unless connected with organic disease, may be due to good living, excessive venery, dyspepsia, etc., but it is more frequently produced by anæmia and generally characterized by a higher degree of mental depression and anxiety than that caused by lesions. *Treatment* according

to cause—In full habit or constipation, *Aloes*, *Rhamnus* (197 & 215); or *Mercury* (p. 93); if there is amenorrhœa, *Acidum sulfuricum* (136 & 155), etc. During the paroxysm, aside from *ice bag*, *Belladonna plaster*, *sinapisms*, or *stimulating embrocations* (409 & 11) to præcordia, *ethereal stimulants* and *antispasmodics*—a mouthful of undiluted *brandy*; *Camphora*, *Brom*, *Bell.*, *Chloroform* (pp. 24–30); *Cyan* or *Zinc* (68 & 195); or *Cocaine* (p. 77), *Aconite* (35), if action strong; *Digitalis* (68 & 171), if feeble or irregular.

HEARTBURN (Cardialgia). See Dyspepsia.

HECTIC FEVER. See Fever.

HELMINTHIASIS—The name embraces a variety of diseases, produced by certain *entozoa*, which infest the human body, the larger number of these parasites being developed in the intestines.

*Ascarides lumbricoides*—Round worms, which resemble common earth-worms, inhabit the small intestines, emigrate sometimes into the stomach, and will even ascend the œsophagus. They are occasionally present in immense numbers; but the symptoms they produce are often so obscure, that their appearance is the only pathognomic sign of their existence. Impairment of the digestive organs, together with a general cachexy are among the most frequent causes; and they, on the other hand, may occasion no disturbance whatever, or they may give rise to the most extraordinary symptoms, especially of a nervous nature, as aphony, catalepsy, epilepsy, even paralysis. *Treatment*—The chief remedies are *Santonin* and *Spigelia* (p. 103).

*Oxyuris vermicularis*—Pin or thread worms which infest the rectum, and sometimes are voided in large masses,

agglomerated by mucus, produce generally pruritus ani, and in girls pruritus vulvæ with leucorrhœa from migration into the vagina. Excitation of the sexual organs leading to masturbation is frequently a sequel; but general debility, even in adults, is by no means rare. **Treatment**—Enemata of *Acetum* or *Ferrum*; or suppositories of *Ungt. Hydr. nitr.* (376 & 77).

*Tœnia solium*.—The tapeworm is a flattened animal, composed of numerous segments, and attaining to such a length, that it will often occupy the *intestinum crassum*, for want of room in the small intestines, which are its real habitat. (*T. mediocanellata*, and *T. lata*, are also tapeworms, met with in the human body; however their discrimination is of no practical value). The symptoms tapeworms produce, are as obscure as those of the round worms—sometimes of no significance whatever, sometimes as severe, as they are varied. Aside from colic pains, emaciation, and other disorders of the digestive system, a tapeworm is supposed to cause the most serious disturbances of a nervous nature, as vertigo, *tinnitus aurium*, temporary amaurosis, epilepsy, etc., etc. **Treatment**—*Aspidium*, *Phenol*, *Thymol*, etc. (pp. 103–5). *Cuprum* has been recommended as a specific. People who do not like to fast, may have *pumpkin* pie for 24 hours as diet, to facilitate the removal.

**HEMIPLEGIA**.—Loss of motion, with or without loss of sensation, affecting one or more muscles *on one side of the body*. Unless due to cerebral lesions, it is a functional disease of the nerves, following sometimes diphtheria, epilepsy, and chorea; but most frequently connected with hysteria—see Paraplegia. *Hemiplegia facialis*, if peripheral, is generally produced by injury to

the seventh pair of nerves; occasionally it is due to cold. *Treatment*—*Nux Vomica*, *Phosphor* (pp. 83 & 86), or *electricity* (p. 148) are the chief remedies. If from undue pressure of the forceps in infants, *Linimentum vel Oleum camphoratum* as embrocation.

HEMORRHAGE, if active, is the escape of blood through the walls of the vessels or the heart, and mostly due to inflammation or excitement—if passive, it is caused by the obstruction to the return of venous blood, or it may be owing to structural weakness of the blood vessels, etc., etc. Aside from a treatment having reference to the disease, with which the hemorrhage is connected as a symptom, the indications for its arrest are in all forms essentially the same. Irrespective of bleeding from any part of the surface of the body, as produced by injury (see wounds), leech bites, and similar cases where *pressure*, *Boletus igniarius*, *Alum*, *Vinegar* or *cobweb* will suffice, the indications are: *Rest* in the recumbent position, with *ice* or *cold water compresses* locally; and internally, besides *Opium* (p. 35), *hæmostatics*—*Acidum gallicum*, *tannicum*, or *sulfuricum*; *Alum*; *Ergot*; *Ferrum* and *Plumbum* (pp. 61–67).

*Epistaxis*—Hemorrhage from the nose may be due to simple determination of blood to the head; but it is most frequently incidental to some general disease, as to obstruction to the circulation in cases of heart and liver affections; it may be even vicarious of menstruation like hæmoptysis. *Treatment*—*Astringents* or *cold water* by irrigation or atomizer. In urgent cases, *plugging*: A curved catheter (if the proper instrument be not at hand) may be used for the purpose of plugging the posterior orifice of the nostril; in the anterior nares



a fold of lint may easily be inserted by means of a probe. The plug has to be left for three days.

*Hæmoptysis*—Hæmorrhage from the lungs, which is called *Pneumorrhagia*, if the blood proceeds from the parenchym of the lungs, and *Bronchorrhœa*, if the affected part is the bronchial mucous membrane, is incidental to various diseases of the lungs and heart, aneurisms, etc.; though it is often vicarious of menstruation, and may occur even idiopathically. In addition to the treatment indicated above, inhalations of *Alum* or *Ferrum* (305 & 20); *Tablesalt* in half drachm doses or in solution, by spoonful, occasionally, until nausea, is sometimes of service; or *temporary ligation* to the extremities for the purpose of retarding the flow of blood to the heart.

*Gastrorrhagia* and *Enterorrhagia*—Hæmorrhage from the stomach and bowels, the former if vomited, being called *Hæmatemesis*; though the blood may also be evacuated by the bowels, like the latter, which has its origin in the intestines. Both, intestinal and gastric hæmorrhage, are generally connected with morbid conditions, though they may arise from portal congestion, or be vicarious of menstruation. *Treatment*—Besides the indicated remedies, *Creosote* or *Terebinth.* (pp. 64 & 67) may be tried. *Opium* may also be given to quieten the nerves and prevent peristalsis, and food and drink should be taken cold.—Hæmorrhage from the rectum is generally caused by bleeding piles within, and may be treated with *astringent lotions*, etc., unless a radical cure by operation be preferred.

*Hæmaturia*—Hæmorrhage from the urethra may have its origin, either in the urethra, bladder, ureters, or kid-



neys. In urethral hemorrhage, the blood escapes without any effort at micturition. In cystic, there is generally obstruction to the free passage of urine, and the blood follows as a rule the discharge of the latter. It is caused by a disordered state of the bladder, but may be also produced by the pressure of a calculus, a wound, and by injury. In hemorrhage from the ureter, which may be distinguished by the presence of fibrinous casts in the urine, a calculus is always the cause; and renal hemorrhage is either a symptom of kidney disease, or it occurs like cystic hemorrhage alone or conjointly in diseases of a hemorrhagic diathesis, as scorbut, yellow fever, etc. (For *Paroxysmal* or *Intermittent Hæmaturia* see *Hæmoglobinuria*). *Treatment*—Aside from *Acid. gallic.*, *Ergot* and *Terebinth.*; *Lith. benz.* (p.50), is recommended.

*Pudendal hemorrhage* is the consequence of a rupture of the *bulbi vestibuli*, a reticulated plexus of large veins beneath the labia, *provided* there be rupture of the skin at the same time (see *Hæmatocele*), which, irrespective of injury, may be caused by great muscular efforts, if the veins are in a varicose condition, especially during pregnancy. *Treatment*—If the flow of blood cannot be controlled by *cold* and *astringents* (341 & 367), the vagina should be filled with a firm *tampon* of cotton, a folded towel applied as a compress over the vulva, and a T shaped bandage made to press this forcibly against the body.

*Metrorrhagia*—Hemorrhage from the uterus, if occurring at the menstrual period, called *Menorrhagia*, is caused by any condition, which induces a state of active or passive congestion of the uterus, as areolar hyperplasia, subinvolution, displacements, etc.; it may be due

however to granular degeneration, and whatever produces a solution of continuity of the mucous membrane; or to some growth, which has a vascular connection with the uterine vessels, as polyps; or to a dyscrasia of the blood, as chlorosis; even general plethora may be the cause. *Treatment*—The immediate indications, as a rule are: Recumbent position in a bedstead (the foot of which might be elevated about ten inches); and *cold compresses* over abdomen, vulva and thighs, with *ice*, *general hæmostatics* and *Opium* internally. In severe cases the speculum must be introduced and the vagina filled with a *tampon* of cotton (369), medicated or no; and if danger imminent, injections into the cavity of the uterus have to be made *after dilatation of the cervix*, with *Iron* or *Iodine* (367). *An examination during syncope is not admissible, because the flooding, which generally stops during that time, would be sure to be brought on again.* The *curative treatment* will be according to the cause. If due to fecal impaction or active congestion and plethora, aside from *acids* with *Ergot*, *Tannin* or *Ratanha*, *salines* (p. 95) every morning; *Calomel* (p. 93); or a *nitric acid issue* either in the arm or on the side of the spine. If from debility, as caused *e. g.* by undue lactation; mental depression (grief); or from chronic engorgement at menopause (passive congestion), an enema of half a pint of *cold water bis die*, commencing after menstruation has begun; or *Calomel* followed by *tonics*—*Quinine* (165), as the case may be, and irrespective of *acids*, *Ergot*, *Cannabis* or *Erigeron* (pp. 28 & 61–66). In spasmodic menorrhagia, with or without chronic ovaritis, *Brom* (50); *Ipecacuanha* (140); *Sabina* (192); or *Viburnum* (p. 39). If there be anæmia or nervousness, barring

*Opium* with enemata of *cold water* at night, *Sabina* or *Cantharis* (164); followed by *Quinine* and *Phosphor* (194). In hyperplasia, styled vegetations, or in fungoid degeneration—a consequence of a complication of subinvolution or as a result of chronic engorgement of the mucous lining of the womb, the whole organ should be scraped with a *wire-curette*, after having dilated the cervical canal with a *tent*, if necessary (p. 130). (After labor, especially after abortion, little growths, which probably arise from minute particles of placenta having become organized, are sometimes found to be attached just above the *os internum*—with their removal by the curette the hemorrhage will cease at once). In simple subinvolution *Ergot* alone will generally effect a cure. The same drug acts also curative after removal of hydatids or polyps, if they have been the cause. If the hemorrhage, produced by the former, be profuse, and the *os uteri* soft and dilatable, they may be extracted with the hand, taking care to remove the whole mass, else *Tinct. Ergotæ* 3j every 15 min.; or a piece of *ice* may be introduced into the vagina and carried up to the cervix—an injection of cold water against the mouth of the womb, or into the rectum will sometimes answer the same purpose. Whilst in the first case the stimulus of the hand will produce contractions of the uterus, and stop the bleeding, the stimulus of the action of cold will cause the motor nerves of the womb to contract, having been transferred from the excitor nerves of the vagina to the spinal cord—see *Uterus*). Should the hemorrhage be alarming, a *tampon*; and internally *Acid. sulf.* etc. In carcinoma, the same treatment—*Acid. gall.* with local applications of *Alum*, *Tannin*, *Zinc*, or *Iron*. (341 & 66);

*Post-partum hemorrhage*, whether the placenta be wholly or only partially detached, *the hand should be introduced into the womb without delay, and with the dorsum of the fingers uniformly but gently pressed against its bleeding surface, whilst with the other hand counter-pressure is made on the abdominal wall.* Should the womb not contract at once, recourse may be had to the *cold douche*. Throw a pitcher or two of ice water from a height of about two feet suddenly upon the abdomen, and the womb is sure to contract. Afterwards warmth to the patient should be restored by applying bottles with *hot water*, warm flannel, etc., *without however removing her, as the slightest exertion on her part might produce syncope.* Or *hot water* ( $110^{\circ}$ – $120^{\circ}$ ) with *Phenol* (228)—to prevent septicæmia—may be injected *into* the uterus, and tape-ligatures placed round arms and legs, just tight enough to prevent venous circulation. Besides *Ergot* (109), which, with *ice water* as drink, and putting the child to the breast may in slight cases already suffice. If there be already great prostration—no pulse, cold extremities, etc., one drachm of *Laudanum* every 10 to 15 min. until the pulse reappears at the radial artery, together with warmth to the body and extremities. If much thirst quick pulse, difficulty in breathing, etc., which indicate *internal* hemorrhage, also *Opium* in large doses with *brandy*.

*Post-partum secondary hemorrhage*, if slight, requires *Ergot* in small doses; in severe cases, *Sol. Ferri persulf. vel perchlor.*, just strong enough to produce a styptic impression upon the tongue, may be injected warm, by means of a flexible gum catheter attached to a syringe; or *hot water* with *Phenol* as above indicated.

*Ante-partum accidental hemorrhage* may be treated with *Ergot* in small doses, and *Bell.* or *Brom* (pp. 53 & 26), if bearing down pains. Injections of *iron* and *hot water* as in secondary post-partum hemorrhage if necessary; and if the *os* be fully dilated, rupture of the membrane.

In *unavoidable ante-partum hemorrhage*, if the bleeding is but slight, and occurs rather early before the term, aside from the recumbent position, *cold compresses* to abdomen and vulva, *Plumbum c. Opio* (147). If the bleeding persist or grow alarming, recourse must be had to the *tampon*, which will not only stop for the time the hemorrhage, but will also serve to dilate the *os*; when, after twelve hours—*longer it should not remain*—premature labor must be induced. See Placenta previa.

In *Abortion*, recumbent position, cool room, *cold drinks*, with *enemata* of *cold water* or *ice* to *os*, and *Ergot*, *acids*, etc. If alarming, and in advanced stage of pregnancy, *the cold douche or hot water injections* as in post-partum hemorrhage; or the *styptic solution of iron* as in secondary post-partum hemorrhage. In the earlier stage, a *tampon*, moistened, if possible with a weak solution of *Phenol*, which may remain there for 6 to 12 hours; or a piece of *soft sponge*, large enough to fill the vagina without inconvenience, and wrung out of pretty *sharp vinegar*, should be carried up to the *os*, and renewed if necessary. *During or after abortion, rest for at least a week is necessary*; as retained fragments of placenta may again and again occasion hemorrhage.

HEPATIC DISEASES. See Liver.

HERNIA—A protrusion of any viscus from its natural cavity, the formed tumor being smooth, rounded and elastic, if the hernial sac contains only intestines, (entero-

cele); but flat, flabby and inelastic, if it contains only omentum (epiplocele), the latter requiring however more continued pressure for its disappearance. In most cases the sac contains both intestines and omentum. Hernia may be *reducible* or returnable into the abdomen; it may be *irreducible*, *i. e.* not returnable into the abdomen, yet without constriction; and it may be *strangulated*, that is, subject to constriction, which not only prevents its reposition, but also interferes with the passage of its contents. Reducible hernia presents a soft, compressible swelling, which increases in size, when the patient is standing, and diminishes or disappears when in the recumbent position; and *if grasped, it is found to dilate on coughing*. In irreducible hernia there are dragging pains in the abdomen, or perhaps attacks of vomiting, which comes on after food, or when patient assumes the erect posture, because the protruded omentum or intestines being fixed, resist the distention or upward movement of the stomach. (As the patient may not be aware of having a rupture, he should in cases of vomiting and constipation, especially if the face looks anxious and pinched, be examined for it; first the ordinary seats of hernia, such as the inguinal and femoral rings, and the umbilicus; then the extraordinary, such as the *linea alba* and the ischiatic foramina, etc., etc.). The symptoms of strangulated hernia are those of obstruction of the bowels—flatulency and colicky pains, succeeded by vomiting, first of the contents of the stomach, then of mucus and bile, and lastly of feculent matter—which, unless promptly relieved, will be followed very soon by those of inflammation—more or less tenderness, pain and swelling locally, with a small, hard and wiry pulse, etc.

The *treatment* consists in returning as much of the rupture as may be reducible by *taxis*, and if necessary to divide any constricting part. *As 48 hours of complete obstruction by strangulation usually results in mortification of the bowels*, the operation for dividing the stricture should be performed at once, if *taxis*, aided by *Chloroform* or *Opium* (pp. 35 & 119) does not prove successful. The most effective way of reducing rupture at the lower part of the abdomen is *taxis with inversion*, which may be done, by raising the pelvis on a chair, placed under the lower part of the mattress of the bed, so that the patient's head and shoulders rest upon the bed itself; care being taken *that the legs are bent up to the body and the trunk itself be bent forward, so as to relax completely the aponeurotic structures in the groin*. In ordinary cases or if there be no strangulation, simple *taxis* generally will suffice: After having emptied the bladder, the patient should lie down in an attitude of complete repose, if Chloroform is to be used; or he may be made to lie in a warm bath, *with his thighs raised towards the belly, close to each other*, so that every muscle and ligament connected with the abdomen may be relaxed. Now the surgeon grasps the fundus of the tumor, gently compresses it, so as to squeeze out a little flatus and venous blood, and with the fingers of the other hand gently kneads the parts at the neck of the tumor, occasionally drawing them a little downwards, in order, if possible, to dislodge them; whilst the patient, during this operation, which may be continued for half an hour, if the tumor is *not* painful, endeavors *to keep his breath*, making only from time to time a deep inspiration. Sometimes pressure on the abdomen a little above the ring, *so as to*



*press back the intestines from the ring*, will materially facilitate the reduction. Scrotal hernia, even if strangulated, may often be reduced by boring the index finger of the right hand into the inguinal canal *in the direction of the horizontal ramus of the pubes*, whilst the tumor is compressed and bent slightly towards the abdominal wall. In strangulated hernia *local etherization* has been strongly recommended, where simple taxis fails: A tablespoonful of *Ether* is repeatedly poured over tumor and inguinal ring (having previously guarded the mucous surfaces, as anus, labia, etc., with some grease) so as to produce contraction, when in less than half an hour, reduction may be accomplished with ease. In acute strangulation, especially if the pain and vomiting are violent, a large dose of *Opium* is most useful, if for any reason Chloroform cannot be given. Cathartics—*Colocynthis* or *Aloes* (p. 90), or *enemata*—*gruel* with some *olive oil*, though mischievous in sudden acute strangulation, are beneficial in the incarcerated variety, if the patient is aged, the hernia large and long irreducible, and the attack caused by constipation. After reduction *a compress with a bandage*, and if necessary a full *opiate*; at all events no purgative. *Oleum Ricini c. Laudano* may be given after 12—24 hours.

*Inguinal Hernia*—The protrusion is through one or both abdominal rings; the *direct* or internal form pushing before it the conjoined tendon of the internal oblique and transversalis muscles, *just behind* the external ring, the *oblique* or external (which is the most common) taking the same route as the testicle in its passage from the abdomen into the scrotum—*II. scrotalis*. In women it passes down one of those canals on the side of the



round ligament into the labium—*H. labii pudendi externi*—since the labia majora are the analoga of the scrotum in the male, and the round ligaments correspond to the spermatic cord. If hernia exists already at, or soon after birth, it is called congenital, and may then be encysted. Whilst in man the diagnosis is not difficult, if care be taken, not to confound it with hydrocele (which however may co-exist—see same), in women where a sense of discomfort upon bending the body, or even upon walking may draw the attention of the patient to the affected part, unless there be strangulation at the same time, a peculiar gaseous or airy sensation to the touch may be felt by absence of all signs of inflammation or œdema. *Treatment*—After reduction the hernia must be kept up with *a truss*, care being taken, that the pad do not press against the spinous process of the pubes or upon the spermatic cord—in women, a truss should be adjusted with a perineal strap, so as to keep the compress of the instrument sufficiently low down to effectually close the point of exit. If irreducible, it must be supported by a bag truss. A radical cure can only be effected by *an operation*.

*Vulvar Enterocoele*, a variety of pudendal hernia, which descending between the vagina and ramus of the ischium to form a tumor in one of the labia, may be distinguished from an inguinal hernia, which has descended into the labium, by the absence of swelling at the abdominal rings. In carrying the finger along the vagina, the tumor can be traced on its internal wall as far back as the neck of the uterus, and the other hand applied to the external surface of the labium, the protruding mass can be felt between the two hands. *Treatment*—After

having placed the patient on her back, with her hips elevated by a cushion, or still better by having raised the foot of the bed, the index finger is introduced into the vagina, and the tumor pressed with it against the side of the vagina, whilst the lower portion of the tumor in the labium is seized with the fingers of the other hand and pushed cautiously back and upward, in a direction parallel to the vagina. After reduction a cylindrical pessary may be introduced with its base upward, to exert pressure on that portion of the vagina, where the intestine made its way between its external wall and the *ramus ischii*. To retain the pessary a T shaped bandage will be necessary; and occasionally *Pil. Gambog. co.* with some *tonic* (pp. 71 & 91) to keep the bowels in a soluble state. Here may be mentioned *perineal hernia*, which descends between bladder and rectum, forcing its way through the pelvic fascia and *levator ani*, and forming a tumor in the perineum; and the *vaginal hernia*, a variety of the former, in which the tumor projects into, and blocks up the vagina, instead of descending to the perineum. These two, with the pudendal last mentioned, must be replaced by pressure with the fingers, and be kept up by pads made to bear against the perineum, or by caoutchouc pessaries worn in the vagina. In slight cases of vaginal prolapse and herniæ, as vesico-vaginal H. (*Cystocele*), recto vaginal H. (*Rectocele*), entero-vaginal H. (*Enterocoele*), prolapse of the ovary or intestine into the triangular fossa between rectum and uterus, etc., etc., local astringents, *Alum, Zinc* or *Tannin* (359) with copious injections of *cold water bis die*, assisted by *tonics* (p. 70) internally, may be of use. Constipation must be guarded against by *enemata* and occa-

sionally one ounce of *Castor oil*. Great relief may be effected by abdominal supporters with perineal band, and by the use of a proper pessary: The double lever of Hodge or Smith; Meig's ring; the stem of Cutter, or the globe pessary of glass or silver, or the air pessary of Gariel. The latter two will be of special benefit if the bladder or rectum participates in the prolapse. A piece of soft sponge, wrapped in oiled silk, carefully introduced into the vagina, and kept in place by a bandage will answer sometimes; but whether sponge or pessary, *it must be daily withdrawn for the purpose of ablution*. The *curative treatment* consists in the removal of the relaxed portion of the mucous membrane of the vagina by *perineorrhaphy*.

*Hernia cruralis*—Femoral hernia escapes close behind and below Poupart's ligament, passing first through the crural ring, and attains rarely a large size. It is to be distinguished from the inguinal by observing that Poupart's ligament can be traced over the neck of the sack, and that the spinous process of the pubes lies internal to and above it, whereas it is the reverse in the inguinal hernia. If reducible it should be supported by a *truss*, the pad of which would tell against the hollow, which is just inferior and external to the spinous process of the pubes; if irreducible and omental, a *common pad* may be borne, else the pad must be hollow.

*Hernia umbilicalis*—*Exomphalos* is most frequent in children, soon after birth, and in women who have been frequently pregnant. For children, a ten-cent piece, covered with adhesive plaster with the sticking side outermost, is the best pad. An adult should wear an *elastic belt*; if irreducible, a *large hollow pad*.

*Ventral Hernia*, which protrudes either through the *linea alba* or the *lineæ semi-lunares*, requires uniform support by a properly adjusted bandage. The separation of the two *recti* (abdomino-rectal H.) is frequently a result of gestation.

HERPES. See Skin and Head.

HICCUGH. See Singultus.

HIVES (*Urticaria*). See Skin.

HOARSENESS. See Laryngitis.

HODGKIN'S DISEASE. See Leucocythæmia.

HOOPING COUGH. See Pertussis.

HYDATIDS. See Echinococci; *H. in utero*—Uterus (Degeneration of Chorion).

HYDROCELE—A pear-shaped tumor, formed by the collection of serum in the *tunica vaginalis* or spermatic cord, commencing *in the lower part* of the scrotum, *and growing upwards*. It is sometimes a sequel of syphilis or of inflammation of the testis; but generally it is the consequence of straining of the loins and belly. It is painless, causing only an uneasy sensation by its weight, and may be distinguished from hernia by being *translucent* and *fluctuating*; by surrounding the testicle in such a way, that the latter *cannot be clearly felt*—only the cord can be felt lying above it—; and *by not dilating on coughing*. In the congenital form a cylindrical tumor extends up to or through the deep abdominal rings, so that if raised and compressed the fluid is slowly squeezed into the abdomen.

*Encysted Hernia* is extraperitoneal, whilst in the common or congenital form the effusion is poured down from the peritoneum, and is usually situated between the epididymis and tunica; seldom between the latter

and the testis or in some part of the spermatic cord. In women the fluid collects in the inguinal canal, around the round ligaments, which passing downwards, enter the *labia majora*, and distribute their filaments within the dartoid sacs, which extend like glove fingers downwards towards the *fourchette*. The gradual and painless development of the tumor, with a sense of fluctuation *without* inflammation; and a resonance upon percussion make the diagnosis easy. **Treatment**—Evacuation of the fluid (in women by means of an *aspirator*) followed, if necessary, by an injection of *Iodine* (332). **Punctures** with a needle, though for children sufficient, are for adults only palliative. *The radical cure with Iod is not admissible*, if the tunica communicates freely with the abdomen, or if there is hernia, or some disease of the part.

**HYDROCEPHALOID**—An infantile affection, dependent on exhaustion from diarrhœa and similar diseases, of which it forms in fact the closing stage. It is characterized by restlessness with more or less fever, soon followed by drowsiness, stupor and convulsions, and terminating generally in death. **Treatment**—*Brandy* with *Opium* (pp. 37 & 72), in conjunction with due attention to the causative disease.

**HYDROCEPHALUS**—Unless congenital, an affection of early childhood, consisting of an excessive accumulation of serous fluid into the ventricles of the brain, giving rise to an enormous enlargement of the cranium. **Treatment**—Aside from a light diet, *aperients* (p. 88). For *Hydrocephalus acutus* see Meningitis (tuberculous).

**HYDRONEPHROSIS.** See Kidney.

**HYDRO-PERITONEUM**—Ascites may be local, or part of general dropsy. As local affection it is dependent on

obstruction in the main trunk of the portal vein or its branches within the liver, unless it be the result of disease of the peritoneum, in which case however the affection is inflammatory. *Treatment* as indicated in dropsy. Whenever the effusion has been distending the abdomen to such an extent as to cause much inconvenience, *tapping* is the remedy *par excellence* (413), as aside from being a perfectly harmless operation, it is sure to give instantaneous relief.

**HYDROPHOBIA**—*Rabies* is a disease caused by inoculation with the saliva of a rabid animal, and characterized by intermittent laryngeal spasms and an increased flow of saliva. *Treatment*—In many cases *Curare* (65 & 259) has been of benefit. *Xanthium*, *Ammonium* and *Cocaine* (86, 94 & 168) are also recommended.

**HYDROTHORAX**—A dropsical effusion into the pleural cavities, sometimes due to affections of the pleura, but mostly to cardiac lesions, producing obstruction of the mitral orifice after having led to dilatation of the right cavities of the heart. *Treatment*—*Digitalis* or *Elatarium* (108 & 205); or *aspiration*.

**HYPERÆSTHESIA. MENTAL, AND MENTAL AND PHYSICAL.** See Hypochondriasis, resp. Hysteria.

**HYPERÆSTHESIA OF VULVA.** See Vulva.

**HYPERPLASIA. AREOLAR OF UTERUS.** See Uterus.

**HYPERTROPHY OF CERVIX.** See Uterus (Hyperplasia); of NYPHÆ—Vulva; of HEART—Heart.

**HYPOCHONDRIASIS** (*Hyperæsthesia psychica*) is sometimes classed as a neurosis, sometimes as a psychosis, the characteristic feature of which consists in a morbid attention, which the patient devotes to the study of his own physical condition and the unwarrantable degree of

anxiety which he exhibits regarding it. *Sexual Hypochondriasis* and *Syphiliphobia*—where he believes himself impotent, resp. a victim to syphilis—may be mentioned as forms of the disease. The intelligence may become greatly enfeebled and in many cases the separation between pathophobia and insanity cannot be distinctly made. The form of mental aberration resulting most commonly, is of the melancholic type, and evidenced by delusions connected with the patient's symptoms (he may fancy the presence of some animal in his stomach, or he may suppose himself persecuted, etc). Next to heredity, excesses of all sorts, and depressing surroundings, overwork in conjunction with chronic abdominal disease, syphilis or some disorder of the sexual organs may have a part in it, though frequently the causes, mental and physical are alike obscure. **Treatment**—Change of air, combined with judicious management of a moral nature will be of benefit. Regular habits must be insisted upon, and constipation, piles, etc., should be attended to. In case of dyspepsia or anæmia, *Nux Vomica* resp. *Ferrum* (pp. 71 & 79–81). *Arsenic*, *Brom* or *Cocaine* (pp. 9, 24 & 77) may be tried; or *Morphine* and *Valeriana* (80 & 82), See Insanity.

HYSTERALGIA. See Neuralgia.

HYSTERIA—An abnormal condition of the mind and nervous system, dependent on a variety of affections, all of which are connected more or less with the organs of generation. While convulsions, coma and delirium of a peculiar kind, occurring in paroxysms, constitute the severe grades of hysteria (for their treatment see those affections), the milder forms are characterized by frequent neuralgic pains and headache—*clavus hystericus*



is supposed to be pathognomic—; hyperæsthesia and anæsthesia—the former sometimes simulating articular rheumatism, sometimes giving rise to a sensation as if a round body was sticking in the throat: the not less pathognomic *globus hystericus*—; cough; retention or incontinence of urine, etc. The relation between hysteria and insanity is about the same as that of hypochondriasis to the latter, but the insane manifestations of hysteria involve mainly the maniacal element, the melancholic type is less frequent, and a condition of dementia, the terminal state of mania and melancholia will be met with but rarely. (See Mania). *Treatment*—Removal of cause if possible. Anæmia requires *acids* (154); *Ferrum c. Chinino* (pp. 76 & 79); or *artificial suppression* of menses—see Chlorosis—; uterine irritation, *Cannabis*, *Chloroform* (57 & 61) with *Iodoform* or *Belladonna* locally (356, 374 & 75); perhaps *Cocaine* (p. 77), etc. In meteorismus, *Aloes* and *Colocynthis* (199 & 203); or *Ferrum c. Strychn.* (pp. 79-82); if neuralgia, *Aconite* or *Camphora* internally and externally (35, 56, 409 & 410); or *Zinc*, (196); *globus hystericus*, *Cyan*, *Ammonium* (68, 159); or *Cypripedium* (p. 32). In palpitation, *Aconite*, if action strong—*Digitalis* (171), if feeble and irregular. Of other remedies may be mentioned *Pulsatilla*, *Ether*, *Brom* (23, 36, 47); *Castoreum* and *Helonias* (58 & 179); *Arsen.*, *Lithium* and *Lactucarium* (pp. 9, 27 & 34). In many cases *Valeriana* and *Asa foetida* (41) are very effective—Opiates are of not much use.

ICTERUS (*Jaundice*)—A yellowness of skin and the conjunctiva, produced sometimes by changes in the blood itself (*hematogenous*); but generally by absorption of bile by the blood (*hepatogenous*), and arising among



other causes from low blood pressure in the portal system, on obstruction to the passage of bile into the intestine; and occurring chiefly in duodenal catarrh, certain hepatic affections, and in connection with several general diseases. (The yellow tint of the surface seen in some cases of cancer, intermittent fever and chlorosis is readily discriminated from slight jaundice *by the absence of yellowness of the conjunctiva*). As icterus may persist still for several months after the disappearance of bile-pigment in the urine, the latter alone is the criterion of a successful cure. In cases, where jaundice is the consequence of some serious affection of the liver, and more especially of scirrhus in that region, it will prove fatal, death usually ensuing from coma, the result of the action of the biliary poison on the cerebral mass;—if death be preceded by convulsions, the poison acts on the *medulla spinalis* and its continuation in the *encephalon*. See Liver (Hepatitis parenchymatosa). **Treatment** according to cause: *Acid. nitro-mur.*, *Ammonium Soda*, *Hydrastis* (153, 158, 120 & 180), with *laxatives* for the relief of constipation, *Sodii Phosphas* (p. 97); etc.; or *cholagogues*—*Calomel*, *Podophill.* (pp. 92 & 93) to restore the biliary secretion to its legitimate channel. This may be followed by *Mercury* in alterative doses (13); or *Belladonna*, *Hyoscyamus*, *Conium* (pp. 23, 31 & 33), especially the latter in conjunction with vegetable *diuretics* (p. 40) and *warm baths* to eliminate the bile. If malarial, *Arsenic* or *Quinine* (pp. 9 & 11); if due to obstruction by gallstone; duodenitis, etc.; these affections must be treated. In *Icterus Neonatorum*, *Soda* (p. 96).

IMPETIGO. See Skin.

IMPOTENZ—Inability to perform the act of coition,

may, aside from malformation and from lesion of nervous centers, produced by blows on the head or spine—where impotenz is usually permanent—be due to general debility; mental perturbation, as timidity; or wasting diseases, as diabetes, renal affections and dyspepsia—here frequently combined with loss of sexual desire. Involuntary seminal emissions, that is, the ejaculation of semen and venereal orgasm without any voluntary effort, either natural or unnatural, from morbid erethism; and spermatorrhœa (a discharge of semen without the occurrence of the orgasm), both of which are brought on by premature and excessive venery or self-pollution—*masturbation*, *onanism*—are sure to lead to impotenz. *Treatment*—*Strychnine* (pp. 71 & 83); *Chinin. c. Ferro*, *Mangan* (pp. 82 & 85); if morbid erethism, *Camphora*, *Cannabis* (pp. 27 & 28), or *Salicin* (p. 17); if loss of sexual desire, *Aurum*, *Barium*, *Lycopodium* (3, 5, 76); or *Phosphor* (189 & 194). In spermatorrhœa, *alkalies*, *Cocaine* (pp. 54 & 77); *Ferr. c. Phosph.*, *Cantharis* (143, 54 & 64); or *Camphora*. In nocturnal emissions, besides *Camph.*, *Bell.*, or *Zinc* (pp. 24 & 87); *Apis*, or *Ergot* (95 & 172); and *icebag* or *stimulants* (411) to spine or perineum.

**INANITION**—Starvation is a pathological condition of all diseases, which interfere with alimentation and the immediate cause of death in many cases of disease which prove fatal by asthenia. The diet is, in any case of sickness, a most important factor in a successful treatment, as a judicious alimentation will do much toward shortening the disease. Sometimes rectal alimentation will have to be resorted to. About 24 years ago, during a voyage of nearly two months, I kept alive with chicken-broth, administered mostly *per rectum* a woman

in her sixth month of pregnancy, who, on account of seasickness, which lasted the whole time, from the day she embarked in Sydney to the day we landed in San Francisco. The irritability of her stomach was such, that, with the exception of water given by mouthfuls, it rejected everything, and the distressing efforts to vomit, which in her state were particularly dangerous, could be controlled only by absolute rest and the continued exhibition of hydrocyanic acid and other sedatives. After a week on *terra firma* she felt as strong as ever.

INCONTINENCE OF URINE. See Bladder (Paralysis).

INDURATION OF CERVIX AND INFARCTUS UTERI. See Uterus (Hyperplasia).

INFLUENZA—*Epidemic Bronchitis* (*La Grippe of the French*) is an essential fever, associated with the bronchial affection, commencing generally with lassitude, frontal headache and coryza, followed by chills, pyrexia, etc., and depending on some atmospheric influence. The *treatment* is symptomatic, embracing *aperients* (p. 88) and *diaphoretics* (p. 40) with *Opium* (78 & 113), and if necessary *tonics* (p. 69).

INSANITY is the general term of the many varieties of unsound mind, man is subject to, and which from two distinct points of view—first as regards their physical origin, and second with respect to their mental form—are arranged in a *somato-etiological* and a *psycho symptomatological* group. In the former, the source of the divisions is found in general organic arrest of growth (*e. g. idiocy*); in perversions and defects of development (*primary monomania*); in general neuropathic states, that may assume the shape of major neuroses (*epileptic*—); or of mental disorder at the time of the physio-

logical crises (*senile insanity*); in general cachexias, toxic (*morphinism*); and systemic morbid conditions (*malarious insanity*); and in distinct pathological lesions of the higher nervous centres (*general paresis*, *syphilitic* and *sympathetic insanity*, etc). In the psycho-symptomatological group the divisions correspond with the psychical features and outward manifestations of the disease, as depression (*melancholia*) and exaltation (*mania*) in the sphere of feeling; weakness and stupor (*primary mental enfeeblement* and *acute primary dementia*) in the sphere of intellect; and states marked by impaired volition (*abulic insanity*), and of suspended will (*somnambulistic insanity*) in the domain of will.

The relative curability of the various types can only be stated approximately. Mania and melancholia (see these) are the most curable, while general paresis, terminal dementia, and that class of hereditary cases in which all the psychical and somatic symptoms of degeneracy are present, may be put down as utterly hopeless; though of hereditary cases in general, it may be said, that their chances for recovery from a first attack are as good as in the non-hereditary types—only that relapses have to be looked for. The prognosis is as bad in mental alienation originating in *trauma capitis* and insolation, or that, resulting from the gradual transformation of the major neuroses (*hypochondriacal* and *hysterical insanity*, etc.); or from prolonged moral causes, such as anxiety and business worry—mental disorder occasioned by sudden violent emotions is often amenable to cure. Insanity in connection with the scrophulous and tubercular diathesis does not often admit of a cure; and if produced by alcoholic excesses and venery, it is scarcely more

favorable, even before organic changes in the nervous centres have taken place.

The *therapeutic* principles of psychiatry are not different from those of general medicine, and since insanity, in its widest relation, is a disorder, not only of the whole nervous system, but of the whole organism, the alienist will have to treat each case according to its etiology. Next to due attention to the relief of urgent symptoms, such as obstinate constipation, prolonged insomnia, cardiac failure, præcordial panic, inanition and exhaustion, is the moral management under medical supervision of the highest importance. Regular habits as to meals, sleep and exercise, must be insisted upon. Sometimes separation is one of the most effective means; if necessary, asylum care. Derangement of intellect, if threatening may be treated with *electricity* (p. 148) or *Cocaine* (p. 109), preceded by *Aloes* (198). *Arsenic* (p. 10), especially *Zinc* (195) are sometimes of great benefit. The *cold douche* and *Tigilium* in maniacal delirium.

INSOLATIO—Sunstroke is a congestive apoplexy, produced by exposure to great heat or the direct rays of the sun, and associated with more or less exhaustion; occasionally *the latter without the former*—here the vital powers are protracted, the forces carrying on circulation give way, and death takes place by syncope. Hence in some cases, the attack is characterized by a strong and quick pulse, hot and dry skin, contracted pupils, even cramps, in fact all the signs of apoplexy—loss of consciousness; followed frequently by stertor and convulsions, with not seldom, a fatal termination; in others the skin will be pale, the pulse weak and pupils dilated; vertigo, headache and listlessness being the chief symp-

toms. **Treatment**—The apoplectic form requires the *wet sheet* or *sponging* (420) and *enemata* (385); and *Brom* (p. 24) perhaps internally, whilst in simple fainting *stimulants* are indicated—*Brandy* (p. 73); *Opium* (p. 73); *Ammonium, Digitalis* (158 & 250), etc.

INSOMNIA.—In inability to sleep *sedatives* are the principal remedies—*Opium, Hyoscyamus* (71, 79, 195); or *Brom* and *Chloral* (48 & 60); if stomach irritable, *Hydrastis* (180). In old people *Digitalis* (p. 79) is sometimes of value. In sleeplessness of typhoid *Antimony* (p. 23).

INTERMITTENS. See Fever (intermittent).

INTERTRIGO. See Skin.

INTESTINAL CATARRH. See Enteritis.

INTUSSUSCEPTION.—Invagination is an accidental insertion or protrusion of an upper into a lower segment of intestine, occurring mostly in infancy, and causing bloody stools with tenesmus and perhaps vomiting. **Treatment**—*Enemata* to irrigate the bowels and *Opium* *per os* (p. 37). A solution of *Sod. Bicarb.* followed directly by one of *Acid. tart.* may be tried. See Rectal diseases.

INVERSION OF URETHRA AND UTERUS. See Urethra, resp. Uterus.

IRITIS. See Eye.

IRRITATION. SPINAL, See Spine.

IRCHIAS. See Neuralgia (cruralis).

ISCHURIA RENALIS is only of diagnostic value in retention of urine (by the catheter), since the kidneys having ceased to secrete it on account of disease, its suppression is invariably fatal. For *Ischuria paralytica* see Bladder (Suppression of urine).

ITCH. See Skin (Scabies).

JAUNDICE. See Icterus.

**JOINTS**—*Synovitis* or Inflammation of the synovial membrane, produced, aside from injury and other local causes, by the rheumatic, gouty, syphilitic and gonorrhœal poison, the exciting cause being frequently exposure to cold, is characterized by a rapid effusion of fluid into the synovial cavity, accompanied by severe pain, great swelling and violent fever. (A chronic form, affecting the knee—*Tumor albus genu*—is called by Germans Gelenkschwamm). **Treatment**—After having fastened a wooden splint, properly padded, at some distance above and below the affected joint, to render it motionless, *leeches* should be applied to the joint, or *cups* near it, with *hot fomentations* and *evaporating lotions* (337). Internally *Calomel* (p. 92), or some other brisk *aperient*; and at night *Opium* (p. 35) to insure rest. In chronic cases, a *piece of pasteboard*, which admits of easily being adapted to the surface of the joint, when softened in warm water, will be more convenient—moreover a swing, if the knee or anclejoint, should be affected, will greatly add to the comfort of the patient. At the same time an appropriate constitutional treatment: If a red sediment in the urine present, *alkalies* (p. 54) with *Colchicum*; *Iodine* (pp. 14 & 48), etc. In the chronic form, *blisters* and other *stimulating liniments* (402, 408 & 9) may be used irrespective of the general treatment. If in either form, symptoms denoting suppuration—rigors, quick pulse, etc.—should appear, *aspiration* will be necessary. In the case of tumor albus, no pressure must be made over the patella, therefore instead of the wooden splint, a long but light splint of leather should be moulded on each side of the limb, after having been steeped in hot water.



KERATITIS. See Eye.

KIDNEYS—*Acute congestion*, unless produced by vaso-motor influences, incident to diabetes insipidus, certain diseases of the brain and emotional or hysterical disturbances—when the urine is *abundant and not albuminous*—is inflammatory, and due to irritation, as the abuse of cantharides, nitre, copaiva, etc., and characterized by *albuminous or bloody urine*, which is diminished in quantity, and may be even suppressed. If passive it is symptomatic of certain pulmonary and cardiac diseases, *without, however, causing uræmia*; though the diminished secretion of urine, which is dark, albuminous and bloody, containing a few hyaline casts, and after some time throwing down an abundant sediment of urates, is sure to increase the general dropsy, which usually co-exists. *Treatment* of the active form, if inflammatory: *Camphora* (p. 28), with *Opium* (411) locally. In venous congestion, barring the appropriate treatment of the causative affection, *Benzoin* (p. 46) is frequently used; *Digitalis* (p. 78), to strengthen the force of the heart, thereby increasing arterial tension and relieving the venous stasis. For *Renal Colic* and *Hæmaturia* see Calculi resp. Hemorrhage from the kidneys.

*Diffuse Nephritis*—Acute Bright's disease is the collective name of the various inflammations of all or part of the constituents of the kidneys—the interstitial tissue, the uriniferous tubes, and the blood vessels—thus comprising the various forms, known as catarrhal croupous, parenchymatous, desquamative and tubal nephritis, accompanied by dropsical symptoms—the separation of serum from the blood and its presence in the urine, connective tissue and cavities of the body—,



commencing nearly always with *œdema round the eyes*, or in the lower extremities and the characteristic urine, which is secreted in congestion: *Granular and fatty casts* indicate a more advanced stage of degeneration than generally belongs to acute Bright's disease. As primary affection, being due to extensive burns, the effects of cold, blows and other injuries, it is secondarily frequently incident to general diseases, suppurative processes and toxic agents. The *treatment* of acute nephritis from blows on the loins, or the irritation of calculi, which is characterized by pains in loins and abdomen, fever and vomiting, with *tenesmus vesicæ* and scanty high colored urine, requires *leeches* or *dry cupping*, with *warm fomentations*, and *Ol. Ricini* or *Calomel* (p. 92). *Aconite* (35) and *Opium* (p. 37) if necessary. Painful and frequent micturition may be relieved by *Coccus* (62). In the other forms, aside from rest, warmth, a bland diet and plenty of water to drink, the treatment embraces *saline laxatives* (p. 96), in conjunction with *dry cupping* over the loins as revulsives, or *counter-irritation* and *fomentations* over the region of the kidneys. If much dropsy, *Elaterium* or *Pilocarpin* (pp. 91 & 51); or perhaps *Digitalis* (108). After scarlatina, *Aconite* (35). In uræmic coma and convulsions, *hydragogues* and *sudorifics* in alternation (see Coma); while, until elimination by these means has been effected, *Chloral p. os v. p.* *anum* (60 & 365), or inhalations of *Chloroform* (304) may be employed to arrest the convulsions for the time.

*Chronic Bright's Disease*, comprising like the acute, several diseases, which culminate in structural lesions of the kidney, constitutes three distinct forms—the *large mottled*, the *small granular*, and the *waxy kidney*. The

first is generally developed in connection with syphilis, chronic suppuration, phthisis and other wasting diseases, whilst the small atrophic kidney is mostly associated with cardiac hypertrophy; and with the waxy form there co-exists frequently waxy degeneration of the liver or spleen. *Treatment* is essentially the same as that of acute nephritis: *Elaeterium*, etc.; though sometimes diuretics will suffice, *Digitalis* internally and externally (pp. 50 & 143); *Broom*, *Petrosel*, *Blatta*, *Juniper* (100 & 322), etc. *Sudorifics*, however, must be relied upon, if hydragognes are not borne and diuretics have no effect—*laborandi* (p. 51). A *warm water bath* will generally produce diaphoresis; if not, the *hot-air bath* (417) may be tried. If the genitals and lower limbs are very much distended, *superficial punctures* with a pin will afford relief. To diminish the albumen in the urine, *Acid. gallicum* (p. 61) is the remedy; *Aurum* and *Cuprum* (pp. 10 & 77) are also used. *Opium* (p. 36) may be given for the relief of headache and neuralgia. *Diarrhœa*, if moderate, should not be interfered with, (as the vomiting and purging is here due to a vicarious elimination of urea); if excessive, *Acid. sulf.* (pp. 61 & 72) to neutralize the ammonia; or *Cyan*, *Bismuth*, *Creosot* (pp. 31, 46, 64), etc. *Skim* or *buttermilk* is said to be curative.

*Interstitial or Suppurative Nephritis*—The *surgical kidney* is called *Pyelitis*, if the mucous membrane of the renal pelvis is only inflamed; but, if there are at the same time small abscesses, it is known as *Pyelo-Nephritis*. The surgical kidney is, aside from operations, mostly due to pyæmia, impaction of a calculus in the ureter, or diseases of the bladder, and the like, which, on account of causing obstruction, lead to an

accumulation of urine in the pelvis and calices, where it decomposes and acts as a local irritant. *Treatment*—Removal of cause—*Buchu*, *Arctostaphylum* (pp. 47 & 68); *Benzoin* (pp. 46 & 51); *Cantharis* (102), etc. Suppurative nephritis as a primary disease or produced traumatically, claims an antiphlogistic treatment: *Cold applications* or *counter-irritation* with *rest*, etc. If endocardial ulceration and other affections present, which furnish the infectious emboli and general symptoms, they have to be treated. A renal abscess, if large, should be evacuated by *aspiration*.

*Hydronephrosis* is a dilatation of the pelvis and calices of the kidney on account of an accumulation of urine in consequence of some obstruction in the urinary passages, which may be congenital or acquired. In some cases the dilatation constitutes a sac filling out most of the abdominal cavity, containing several gallons of fluid, and the dilated ureter may reach the size of a coil of small intestine. *Treatment*—Next to the evacuation of the fluid by *aspiration*, the cause must be removed, if possible.

*Hydatids*—A cyst may attain in the kidney the size of a tumor, perceptible to palpitation. See *Echinococcus*. *Treatment*—A large cyst will generally be destroyed by simple *aspiration*; small ones may be dislodged by *Terebinthina* (p. 68) in diuretic doses.

LABIA MAJORA. See Vulva.

LABOR—Parturition is the expulsion of the contents of the gravid uterus, when the fœtus has attained maturity for extra uterine life—generally *at or near* the tenth catamenial period, counting from the one last before conception. Labor is called *premature*, if delivery takes place before the full term, but *not before* the

seventh month of gestation, it being considered the time to correspond with the viability of the fœtus. If not induced intentionally, premature labor, like abortion, is a consequence of disease or due to some accident. In cases of confinement, the following points may be worth to be borne in mind: *The cord should not be severed before pulsation has entirely ceased, unless the child has been expelled in an asphyxiated state.* See Asphyxia.

2. Traction on the cord should *never* be made before the afterbirth is *really* detached from the uterine surface; for, aside from the many accidents which may happen through its sudden separation at the time, *it may blight the life of the young mother for ever after.* Another source of much unhappiness in married life is the *unnecessary use of the forceps.* To justify their employment, the following conditions must be present: 1, no deformity, either of the pelvis or of the soft parts; 2, os uteri dilatable; 3, one of the obstetrical extremities must present; and 4, inertia of the uterus.

Irregularities during labor may be often avoided, or at least more or less rectified: If there be rigidity of os, *Chloral* (p. 30); *Antimony* (p. 100); *inhalations of Chloroform* (304 & 16); or *injections of warm water.* In feeble contractions, *Ergot*, though contra-indicated in obstetrical doses, may be given by drops—four of the fluid extract every 15 min. *ex aqua*; or *Cimicifuga* (p. 49); if they are feeble from too great an amount of *Liquor Amnii*—known by the large size and extreme tightness of the abdomen—the membrane should be ruptured, provided the os be dilatable. For procuring sleep in protracted labor, or in afterpains, *Opium* (77 & 79); *Chloral* or *Gelsemium* (p. 32). To prevent septicæmia, *Occlusion*

*pad* (371); *Aconite c. Salicin*. (p. 22). For flooding, see Hemorrhage in Labor.

*Premature Labor* is conducted on the same principles. The induction is indicated in deformity of pelvis, obstruction from large tumors, certain cases of placenta previa, diseases, etc. After having dilated *the os* by the introduction of a tent, made in suitable form of slippery elm bark, an oiled bougie is pushed *merely so far as to enter the os*, and then a tickling motion performed. If by this titillation the uterus should not begin to contract, the instrument may be introduced again after about 12 hours, and pushed a few inches between the uterus and the membrane, *without*, however, rupturing the latter, and left there for a few hours until the pains come on. Before rupturing the membrane a binder may be applied to the abdomen and gradually tightened, so as to keep the head in close apposition to *the os*, which will prevent the cord from being washed down by the rush of the water. For the prevention of premature labor, see Abortion.

LACHRYMAL APPARATUS. See Eye.

LARYNX—*Foreign Bodies* in the larynx and trachea. If the symptoms urgent and surgical assistance in time, the patient should be put under *Chloroform* (304 & 16), as to relax the muscles, which guard the aperture of the glottis, and then be *turned upside down*—a child may be held with its head downwards and slapped on the back without ceremony. In less urgent cases *Opium*, *Chloral* or *Hyoscyamus* (pp. 29, 33 & 37), the patient being confined to the bed, when the substance may become coated with mucous and be expectorated during coughing or vomiting. If however by these means removal cannot be

effected, *laryngo*—or *tracheotomy* (295) will be required.

*Laryngismus stridulus*. See Spasmus Glottidis (p. 288).

*Laryngitis acuta*—Catarrhal Laryngitis is generally preceded by the subacute inflammation or a common cold, accompanied by more or less spasm of the glottis, and characterized by a husky stridulous cough (in children, *false croup*— see Spasm (p. 288), loss of voice and fever. As a primary affection it is mostly due to exposure to cold. *Treatment*—*Hot fomentations; cold compresses*, or *Acid. acet.* (294 & 98) to throat; and *Opium* or *Belladonna* (43, 78 & 79) to allay spasm and cough, will as a rule, be sufficient. Sometimes, however, the disease is much more severe in adults than in children; therefore *tracheotomy* (295) should be performed as soon as the obstruction in the larynx occasions *retraction of the lower part of the chest in inspiration* and before the occurrence of lividity.

The *subacute form*, which is but mild, characterizing certain cases of a common cold, hoarseness or aphonia, in connection with a cough and a viscid expectoration being the most prominent symptoms, claims a similar treatment.

*Chronic Laryngitis* on the other hand is a constant companion of more or less ulceration of the larynx, which, if not the result of syphilis, is mostly due to pulmonary phthisis. In addition to the usual symptoms of acute or subacute laryngitis, it is characterized by difficult deglutition, occasionally spasms of the glottis with dyspnœa. The *treatment* relates to the causal disease and complications. To alleviate the cough, *Opium*, *Bell.*, *Hyoscyam.* (23, 43, 78 or 113 & 122); or *Cyan* (68 & 307), *Pimpinella* (116) is sometimes very effective in aphonia or hoarseness, but above all inhalations of *Acid. nitric.*,

*Phenol*, *Tannin* and *Ammon. Chlor.* (298–309 & 323), with occasional applications of *Argentum* or *Iodine* (288 & 293).

*Laryngitis exudativa*—*Membranous* or *true croup* is a local disease, characterized by fibrinous exudation in the form of a false membrane in the larynx, trachea, and frequently the larger bronchi, involving as a rule the pharynx, tonsils and adjacent parts, accompanied by a peculiar shrill, barking cough and difficulty of breathing. The *treatment* consists, aside from *cold compresses* (298) to throat at intervals of a few minutes, or *Acid. acet.* (294), in emetics, *Ipecacuanha* or *Turpeth ter v. quater die* (pp. 100 & 101); or *Apomorphine* (p. 107) to compensate for the want of voluntary expectoration and the *lime-steam bath* (418). *Ferrum* (174) in conjunction with *inhalations* of *Brom* (313) are recommended. As a last resource *laryngotomy* (295).

*Oedema Glottidis*—The serous or sero-purulent effusion in the submucous tissue above—seldom below—the vocal cords, especially in the ary-epiglottic folds about the ventricle of Morgagni and the base of the epiglottis, constitute tumors, which, as they project on each side, impeding more or less the inspiration, may readily be felt with the finger. Aside from being caused by injury, the swallowing of irritant poison or hot water, œdema of the glottis is chiefly due to inflammation of the neighboring parts, and occurs frequently in the course of general diseases, as typhoid, phthisis, Bright's disease, variola, etc. In kidney diseases it is sometimes the first and only dropsical symptom. *Treatment*—*Leeches*; *inhalations of steam*, medicated or no (303 & 9); applications of *Arg. nitr.* (288), and *shallow scarifications*, with *free purgation* (p. 92) in acute, whether occurring during



simple sore throat or in connection with erysipelas, scarlatina, etc. If dyspnœa intense and suffocation imminent, *laryngotomy* (295). Sometimes *pressure with the finger or fingernail* will suffice to open the tumors.

*Spasmus Glottidis*—A morbid susceptibility to spasm in the laryngeal muscles, dependent on irritation of the *vagus*, the motor fibres of which are distributed in this locality, is, aside from being incidental to various inflammations of the larynx, and sometimes associated with hysteria, *peculiar to infantile life* under two years: *Laryngismus stridulus*, popularly known as *fits of holding the breath*, is a primary affection, and characterized by a shrill, whistling respiration, culminating in the suspension of breath, until the face becomes congested and livid, and often accompanied by carpo-pedal spasms or convulsions. *Treatment*—During the paroxysm, *cold water* dashed in the face, or, what is still better, the touching of the glottis with *the finger*, or the introduction of *a catheter* (296). At the same time *Brom* or *Hyoscyamus* (pp. 25 & 33); or enemata of *brandy* or *Phenol* (179 & 80); or the *wet pack* (420). In case of constipation, or irritation from teething, *Mercury* (p. 93); if gums swollen and hot, *lancing*. The presence of worms requires *Santonine*, etc., with proper attention to the general health. *Spasm of the Glottis*, occurring in children over two years and accompanied by more or less laryngeal irritation, is known as *spasmodic* or *false croup* (*pseudo-croup*). It is characterized by a shrill sounding cough, with difficulty of breathing, which usually quite suddenly interrupts the sleep in the middle of the night, and may be easily discriminated from true croup by the abruptness of the fit and the



*absence of fever*, as well as any huskiness or hoarseness of voice. **Treatment**—*Fomentations* or *cold compresses* to throat (298), and, perhaps, a *hot foot-bath*. If the stomach be overloaded, a mild emetic—*Ipecac*, *Alum* or *Cuprum* (p. 100), followed by *Aconite* or *Brom* (35 & 49).

Spasm of the Glottis in adults, which is characterized by intermittens of the dyspnœa, requires simple *anodynes* and *antispasmodics*, *Cocaine*, etc. (p. 20).

LATEROFLEXION. See Uterus (Displacements).

LEAD COLIC and LEAD PALSY. See Enteralgia resp. Paralysis from lead.

LENTIGO. See Skin.

LEPRA—Leprosy, which does not prove fatal by itself, but predisposes, like other incurables, to diarrhœa, phthisis or renal disease begins with an eruption of the skin, to which is superadded disease of the nerves, characterized by numbness, distortion and mutilation of the extremities; or a crop of tubercles in the face; or both. It must not be confounded with psoriasis scutulata, which is sometimes called *lepra vulgaris*; nor with *lepra syphilitica*, an aggravated variety of syphilitic psoriasis. **Treatment**—Aside from a nutritious diet and cleanliness, *Acid. nitro-mur.* (153) to improve digestion; and locally *Copaiva*. *Arsenic* (p. 9) is also much used.

LEPTOMENINGITIS. See Meningitis.

LEUCOCYTHEMIA or LEUKÆMIA is a chronic disease, characterized by a superabundance of white corpuscles in the blood, supposed to be owing to their increased formation in the lymphatic glands, spleen and marrow of the bones, and attended by swelling of the glands—those of the neck and axilla being mostly first affected—, enlargement of spleen, a hemorrhagic diathesis and

general anæmic symptoms. Without an increase of the white corpuscles in the blood, but with the same anatomical changes, as hyperplasia of the glands, enlargement of spleen and alterations in the marrow of the bones, it constitutes *Pseudo-leucocythæmia*, known as *Hodgkin's disease*, *Lymphatic Anæmia* or *Malignant Lymphoma*. *Treatment*—In addition to *good nourishment, sea bathing*, and other *hygienic measures, tonics—Arsen., Ferr., Phosph.* (pp. 9, 79 & 87); *Ol. Jecor.* (p. 84), etc.

LEUCORRHŒA is the collective name of a variety of discharges from the female genital apparatus, secreted by the different parts of its mucous surface, when inflamed or morbidly irritated. Thus it may be caused either by congestion—subinvolution of uterus or vagina; suppressed menstruation, fibroids; polyps; or fungous vegetations; prolonged lactation; gestation or parturition; excessive coition; displacements; or by inflammation—endometritis; granular degeneration; syphilitic ulceration; vaginitis, etc. The discharges may be either mucous, purulent, muco-purulent or watery; and the vaginal form, which is acid, consists of abraded epithelium and pus; whilst vulvar leucorrhœa has, owing to the numerous glands in that part, a more or less rancid odor. But there exists no test to distinguish *gonorrhœa*—the discharge due to contagion—from that arising idiopathically, and the diagnosis must be chiefly a matter of inference. *True leucorrhœa*, popularly called *the whites* or *female weakness*, however, is a tenacious alkaline mucus, being sometimes transparent like raw white of an egg, or having the appearance of the white boiled—if greenish, it is mixed with pus—, and is secreted from the surface of the *cervix uteri*. A

discharge of clear viscid mucus from the vagina is not infrequent in feeble women, the parts of generation being patulous and relaxed.

Vulvar and vaginal leucorrhœa is common to all ages of woman's life; but the uterine form is rare in childhood, yet frequently met with in chlorotic girls, where it will precede or follow menstruation. The leucorrhœa, which accompanies pregnancy, and which is secreted by the follicles of the lips of the *os*, is intended to prepare the parts for their ultimate distension, and consequently must not be interfered with; and *whites*, which are observed sometimes at menopause, may here act as a wastegate, and should neither be rashly arrested. *Treatment* according to cause (see Vaginitis, Vulvitis, Carcinoma, etc.) *Exercise, bathing, and a good diet; with tonics, Quinine* (p. 70), etc. Locally *Argentum* (343) once a week, with copious *astringent* and *soothing vaginal injections* (358-60), to be used twice a day. In cases of chronic vaginitis *astringents* do sometimes harm when *Inf. Lini vel Ulmi* may be employed; though in chronic endometritis *astringents* will prove beneficial, since they tend to harden the mucous lining of the vagina, and thus prevent vaginitis.

LICHEN. See Skin.

LITHIASIS. See Urinary deposits.

LIVER—Congestion of the liver (*Hypercæmia Hepatis*), if acute, is but transient and produced by excessive eating and drinking. It is characterized by a sense of weight in the right hypochondrium, bitter taste with loss of appetite and headache; sometimes nausea and vomiting; and the rapid reduction to the normal size of the swelled organ, after removal of the cause, which may be

effected by *saline cathartics* (p. 95). In *torpor of the liver*—a functional affection dependent on deficiency of bile, *Potass.* (p. 50),—a morbid excess of bile is supposed to enter into the etiology of diarrhœa, colic, etc., whilst the greenish color of the stools often observed in infants, is believed to be due to acrid (vitiated) bile. *Passive Congestion* is always chronic, and produced either by uncompensated valvular lesions, or obstruction in the pulmonary circulation, as emphysema, chronic bronchitis and pleuritis. The increased size of the peculiarly mottled organ—*nutmeg liver*—, a slight degree of icterus, in which as contra-distinction from common jaundice, the stools remain bilious, and a more or less cyanotic face, followed by ascites and œdema of the extremities, as soon as the liver begins to atrophy are the most prominent symptoms. *Treatment* can be but symptomatic. *Salines.*

*Abscess*—When the existence of an abscess is conjectured by a fluctuating tumor over the liver, it may be explored, eventually evacuated by *aspiration*, as there is no risk of pus escaping into the peritoneal cavity, even if there is no adhesion. When the abscess discharges through the bronchial tubes or the alimentary canal, the treatment will be limited to *tonics* (p. 69) and appropriate remedies for the relief of undue irritation. *Hydatids* in the liver are characterized by the absence of all symptoms, unless the tumor be large enough to cause pressure upon the adjacent parts. If the tumor does not open externally, nor discharge, by expectoration or dejections, it may be *aspirated* like an abscess. *Gall-bladder* distended by liquid will form a tumor, characterized by jaundice and absence of bile in the stools if the

*ductus communis choledochus* be obstructed; by serous or purulent fluid and absence of jaundice, if the obstruction is in the cystic duct. **Aspiration.**

**Perihepatitis**—Inflammation of the covering of the liver and Glisson's capsule may be caused primarily by trauma; but is mostly secondary to carcinoma or syphilis; sometimes it may follow inflammation of the peritoneum or the liver itself. It is characterized by severe pains in the region of the liver, with vomiting of bile; a violent fever, ushered in by chills; and a most painful cough with dyspnœa. The absence of swelling of the liver, distinguishes it from parenchymatous hepatitis.

**Treatment** according to cause.

*Hepatitis fibrosa interstitialis* or *Cirrhosis* of the liver is the diffuse form of chronic interstitial inflammation, which leads to more or less contraction of the organ, accompanied by the various symptoms of passive congestions in the portal system—ascites, icterus and enlargement of spleen. Ascites is generally the first symptom suggesting the existence of the affection, which is confirmed by the diminished size of the liver (the previous gradual enlargement, though attended with more or less tenderness, being neither taken notice of), the high colored urine from the abundance of blood pigment and a large deposit of urates, though albuminuria is usually rare,—in some cases there is profuse hemorrhage without dropsy. It is due principally to the abuse of alcohol (hence its popular name of *gin* or *whisky liver*); sometimes to malaria, syphilis and other causes. Cardiac and renal diseases are occasional complications. The **treatment** is symptomatic, see Hydro-peritoneum and Hemorrhage.

*Hypertrophic Cirrhosis* is called the affection, when the liver remains large. In this form jaundice is more persistent than in ordinary alcoholic cirrhosis, and if it is due to syphilis, gummata may be felt sometimes as hard nodules on the surface of the liver. *Treatment*—*Arsenic* (p. 9); *Acid. nitro-muriat.* (153); *Ammonium* and *Soda* (120 & 158), etc. See Icterus. *Portal Thrombosis* may be secondary to cirrhosis; but generally it is due to pressure from without, impacted gallstones, portal phlebitis, etc., and though not standing in any relation to spirit drinking, it has the symptoms of cirrhosis; only the accumulation of the dropsical effusion is more rapid, which claims, however, the same treatment.

*Hepatitis parenchymatosa (Malignant or hemorrhagic jaundice)*—Acute yellow atrophy is a diffuse parenchymatous inflammation of the liver, which rapidly diminishes in size (whilst the spleen enlarges), attended by hemorrhage and uræmic symptoms—headache and delirium, soon eventuating in convulsions and coma. Occurring especially in pregnant and parturients in consequence of violent emotions, this grave disease is either developed abruptly or preceded by a prodromic stage, during which the highly acid urine will, when cool, deposit a *greenish yellow* sediment, showing the presence of *leucin* and *tyrosin*—supposed to be diagnostic—with a diminution of urea. *Treatment*—In the prodromic stage *Quinine* in full doses (p. 11), or *Calomel*, etc.—see Icterus. Coma, convulsions and hemorrhage require appropriate remedies. Afterward *mineral acids* (p. 71).

*Hepatitis suppurativa*—A circumscribed inflammation of the liver leading to suppuration may, aside from trauma, or from obstruction by gallstones, be secondary

to dysentery and similar diseases, when emboli from ulcerative processes should find their way into the liver, and is characterized by pain and swelling in the region of the organ, accompanied by an enlargement of the spleen; if matter should form, there will be in addition repeated chills.

*Hepar adiposum*—Fatty liver, dependent either on excessive introduction or production of fat in the organ, or on diminution of oxydation, is characterized only by an increase in size, without induration or any subjective symptoms. The enlargement, which in drunkards is followed by cirrhosis, may be so great that the liver-sound will reach as far as the navel. Generally no *treatment* required. See *Adipositas*. If abuse of alcohol the cause: Regulation of diet. In co-existing phthisis *Cod-liver oil* may be taken without fear. *Conium* (p. 31). *Waxy liver* is also enlargement without any other symptoms, therefore only of diagnostic interest, the treatment being directed to the disease, with which it is connected—syphilitic, scrophulous and tubercular cachexiæ. *Calomel* (208).

LOCHIALS are called the physiological product of involution of the uterus after labor, consisting of a vaginal discharge, which the first few days is sanguinous (*Lochia rubra*); after about four days serous (*L. serosa*); and after a week, milky (*L. lactea*). Suppression of the lochials may be due to cold, inflammation of the womb, or some febrile excitement, and is generally attended by headache and vertigo. *Treatment*—A linseed poultice with a tablespoonful of *Camphora* over the vulva; steam of a decoction of *Leonurus cardiaca* or *Ricinus communis*, (see p. 177); or a *pediluvium* (419); with *salines* (p. 96); or *Calomel* (p. 92), if much plethora.



LOCKJAW. See Tetanus.

LOCOMOTOR ATAXIA. See Ataxia.

LOSS OF MEMORY. See Debility.

LOSS OF VOICE. See Aphonia.

LUMBAGO (*Lumbodynia*). See Myalgia.

LUNGS. *Hyperæmia Pulmonum*—Active congestion may be due to increased action of the heart, arising from inhalation of irritating vapors, spirit drinking and mental emotions; if partial, to emphysema and other diseases, which cause the unobstructed flow of blood in the not affected parts to be more or less vehement; and is characterized by a feeling of oppression, and a want of air, or increased frequency of respirations and dyspnœa in proportion to the degree and extent of the congestion, together with a quick pulse. Sometimes there is palpitation and a short cough, followed by a scanty expectoration, more or less streaked with blood. If the congestion increases so as to eventuate into œdema, which consists of a transudation of serum into the interlobular tissue, the alveolar walls and air cells, and is always dependent on other pathological conditions, dyspnœa will become extreme, expectoration serous and frothy, followed soon by the symptoms of poisoning by carbonic acid: small and intermittent pulse, the skin covered with a clammy perspiration; moist bronchial *râles*, etc., etc., and death. Whilst in *simple hyperæmia* percussion and auscultation give negative results, pulmonary œdema will produce dullness on percussion, associated with the moist bronchial *râles*. *Passive Congestion* is a consequence of heart disease, especially valvular lesions, dilatation and fatty degeneration. If occurring in the dependent portions of



the lungs, it is called *hypostatic congestion*, which is incidental to protracted and debilitating, and acute infectious diseases, and may also result in a transudation of bloody serum, known by dulness of that part of the thorax. *Treatment*—In active congestion: *Cardiac sedatives* (p. 20); *Nitre* (p. 56); *saline cathartics* (p. 95), etc., with *revulsives* locally—*dry cups, sinapism*, etc. In the passive form, *stimulants: Alcohol* (p. 73); *Digitalis* (p. 78), etc. In pulmonary œdema, if connected with dilatation of the heart, or when accompanied by feeble pulse and cyanosis, *alcoholic stimulants* with *revulsives, footbath* (419), etc. Occurring in kidney disease, the treatment is directed to the dropsical affection. If adynamia, *tonics* (p. 69). In œdema occurring so suddenly as to endanger life, *venæsection*. The hypostatic form may be prevented by frequent changes of the position of the body.

*Hæmoptysis* is aside from being the result of an aneurismal tumor, etc., bursting into a bronchus, due either to bronchorrhagia or pneumorrhagia. In the former, it is owing to rupture of capillaries and other minute vessels of the small bronchi, which may be produced by violent muscular exertion or great mental excitement; or it is a consequence of the increased blood pressure in the pulmonic system from not compensated heart disease; or collateral congestion in connection with suppressed menstruation, etc.; or from a morbid susceptibility of the vessels to break—a premonitory sign of phthisis. The expectoration of the blood which is generally pure, frothy, of a bright red color and a sweetish taste, is mostly preceded by a sensation of the presence of a warm liquid in the chest, with or without oppression, and verti-

go, etc. Pneumorrhagia in the circumscribed form may be conjectured, when in cardiac disease, connected with dilatation of the right cavities—demonstrable by *increased dullness towards the right with increased second pulmonic sound*—there is a fit of great dyspnœa with cough and an expectoration of dark blood with mucus, but without fever. *Hemorrhagic infarction*, with or without hæmoptysis, is due either to thrombosis or embolism of branches of the pulmonary artery; and as here the blood is in the air-cells and interstitial tissue, *without* laceration of the pulmonary parenchyma, it may, unless absorbed or expectorated lead to gangrene, to embolic pneumonia, or, if the emboli contain infectious matter metastatic abscesses. Diffuse pneumorrhagia or pulmonary apoplexy consisting of extravasation of blood *with* destruction of lung-tissue and resulting usually from trauma (stab-and gunshot wounds) is easily recognized, the patient lies cold and pale and death will sometimes take place before the blood appears. For the treatment of hæmoptysis see Hemorrhage (from the lungs).

*Pulmonary Gangrene*—A necrosis of lung-tissue, attended by decomposition, may be either diffused or circumscribed and occurs, aside from trauma—penetrating wounds, etc.—in infectious diseases, and various affections of the lungs. It is characterized by accelerated breathing, pain and cough, followed by *sputa* more or less discolored, according to the amount of pus and blood present, in which, in contra-distinction from fetid bronchitis, or decomposition of the contents of the pulmonary cavities, may be visible *shreds of lung-tissue to the naked eye*, and of a more penetrating odor than that which is peculiar to pulmonary abscess. **Treatment**—A

nutritious diet with *tonics*, *Quinine* (p. 76); *Ferrum* or *Potass* (pp. 55 & 80); disinfectant inhalations, *Phenol*, *Pix*, etc. (302, 323 & 24); and to alleviate the cough, *Opium* (p. 37).

*Pneumonia crouposa s. fibrinosa*—Acute lobar pneumonitis or pneumonic fever is an acute inflammation of the lung-tissue, running, when idiopathic, a definite course, characterized by three distinct stages: Active congestion (*engorgement*)—solidification (*hepatization*)—and resolution, or, if the inflammatory products instead of being absorbed, become a cheesy mass, purulent infiltration (*suppuration*), in which latter case it may be followed by chronic catarrhal pneumonitis, cirrhosis, gangrene, or abscess. Secondary pulmonic fever is frequently complicated with typhoid, dysentery and other affections. (In *typhoid pneumonitis* the typhoid state does not involve the essential fever, as in typhoid complicated with pneumonitis). There are cases in which lobar pneumonitis is perfectly latent, so that only an exploration of the chest will reveal the existence of the disease; but generally it produces more or less distinctive symptoms. The fever, which is preceded by a *chill*, if severe, is usually accompanied by headache, delirium, vigilance, etc., etc. Pain and cough, *unless wanting*, may be very harassing. The pain is lancinating, as in pleuritis (which disease in the dry or circumscribed form always co-exists—constituting, if effusion should take place, *pleuro-pneumonia*); it will, however, diminish in the second stage. The cough in this stage is also less troublesome than in the first, the expectoration becoming more easy: *The rusty sputa are pathognomic, as is the hectic flush on one or both cheeks, or*

*herpes labialis, if present.* The respiration, on the other hand, will be even more hurried, in consequence of the solidified portion of the lung not participating in the respiratory function; but it will improve like the other symptoms, when resolution begins—their aggravation would indicate suppuration. Whenever lobar pneumonitis is suspected, *both sides of the back, below the scapula*, should be examined at once, since, if the inflammation be primary, *a lower lobe* of the lung is mostly affected first: *More or less dulness* on percussion with *fine dry (crepitant) râles—Zellenknistern*, which are limited to the *inspiration and pathognomic*, characterize the first stage. In the second stage the dulness is more pronounced, and in addition there are *moist (subcrepitant) râles—Knisterrasseln*, the *finest kind of moist râles*, in sound similar to that, produced by passing the hand lightly over a new piece of taffeta, and to be heard also during expiration—, *broncho-vesicular and bronchial or tubular respiration with bronchophony*, which indicate solidification.

In children under 5 years the disease is sometimes ushered in by convulsions; or it may be masked by a violent fever, associated with cerebral symptoms, or those of acute gastro-enteritis; it may even remain latent, as it often does in the adult—in which case *a moaning or grunting sound* accompanying the expiratory act is of frequent occurrence and *diagnostic*—; however generally an increased frequency of respiration, which amounts often to 60 p. m., and causes the *alæ nasi* to dilate; and the characteristic flush on the cheek are co-existing with the high pyrexia and a pulse of from 150—200 p. m. As pneumonitis is *unilateral*, there is, as a rule, no difficulty in differentiating it from capillary

bronchitis, since that disease is bilateral—*subcrepitant râles consequently to be distinguishable on both sides*; moreover, bronchial respiration or bronchophony never exist in the latter. *Treatment*—*Quinine* (7) at the beginning may arrest the disease; else it is not indicated, unless the axillary temp. be above 102 degrees, in which case *sponging* or the *wet pack* are important auxiliaries (420). If the fever not severe, *Nitre* (122); *Aconite*; *Antimony* (p. 23); or *saline purgatives* (p. 96). *Warm fomentations* or *cold compresses* over the affected part—the former as revulsives, the latter as painkiller, by diminishing the determination of blood to the part. If restlessness, cough, etc., *Opium* (p. 36); if delirium and headache, *Brom* (p. 27); or vigilance, *Digitalis* (pp. 50, 56 & 73). In the second stage, *Ammonium* (p. 73) as stimulant, especially if much dyspnœa, with *dry cups* or *Iodine* locally. *Brandy* (p. 72) as support at any time if required, especially if weakness with a frequent, vibratory or thrilling pulse. As regards the administration of Alcohol and Opium to children, see pp. 35 & 73. For *Pneumonia catarrhalis seu notha* (Lobular Pneumonitis) see Broncho-pneumonia Infantum.

*Phthisis—Tuberculosis or Pulmonary Consumption*, essentially a chronic catarrhal or interstitial pneumonia, superadded to a formation of tubercles, the product of a constitutional dyscrasia, and invariably accompanied by a dry pleuritis, is, aside from a congenital or hereditary diathesis, chiefly due to acute pulmonary or bronchial inflammations, and often complicated with tuberculous disease of the intestines, tuberculous laryngitis, pleuritis with pneumothorax, etc., etc., even kidney disease may co-exist. It is attended in the first stage by

a slight hacking cough, which, though dry at the beginning, is soon accompanied by a scanty expectoration of frothy mucus, sometimes streaked with blood. Hæmoptysis generally follows next, and whilst the sputa grow more abundant and opaque, feverish symptoms with frequent chills will set in, and a shooting pain may be felt occasionally under the scapula. As the disease mostly begins at the apex of one lung, there will be on that side the characteristic depression of the supraclavicular region. Crepitant and subcrepitant *râles*, the former due to pneumonitis, the latter to bronchitis—the secondary, circumscribed form—with pleural friction and other crumpling and crackling sounds, each and all, if present, will be significant, *provided they are limited to the summit of the chest, in conjunction with dulness on percussion of that part*, and if broncho-vesicular respiration with exaggerated vocal fremitus co-exists. (During percussion the patient should not incline his head sideways, since the stretched muscles of the neck might produce a dulness). When the disease is progressing towards the second stage—the formation of cavities—the cough becomes more troublesome, and the expectoration, generally of a muco-purulent character, will be in proportion to the number and size of the cavities. Diagnostic are the *nummular sputa*, which are round and flat, like a coin, when falling upon the bottom of a vessel. Not less significant is the fever, which becomes continuous, with evening exacerbations; *the hectic flush and the burning sensation of the soles and palms*; the copious night sweats and the progressive emaciation. Colliquative diarrhœa, dependent on tuberculous enteritis, may occur, and sooner or later œdema

of the feet and ancles—which will disappear again when in the recumbent position—mostly due to thrombosis of the crural vein. Exclusive the dulness, which amounts sometimes to flatness, the bronchial and broncho-vesicular respiration—indicative of solidification—and the correlative vocal signs, as bronchophony and pectoriloqui, there will be heard a tympanitic resonance or one of its variations—the cracked and metal—which change in height, if during percussion patient alternately opens and closes his mouth (indicating the existence of a cavity), with cavernous and amphoric respiration. **Treatment**—*Alcoholic and fermented liquors*, if they be borne, with *tonics, Quinine, Ferrum, Strychnine* (pp. 75, 80 & 83), and an invigorating diet, including “milk cures,” in conjunction with out-of-door life and daily *sponge baths* (64–68 degrees) are of prime importance. *Glycerin; Ol. Jecoris* (pp. 81 & 84); *Benzoin* and *Cocaine* (pp. 46, 58 & 77); *Arsenic* (p. 9); *Potass* (p. 55). *Hypophosphites* are said to be curative. If cough troublesome, *sedatives* (pp. 23–33); *Ammonum* (pp. 43 & 44), with *soothing inhalations* (319 & 324); if pain, *revulsives* or *Belladonna plaster*. Night sweats require *acids* (129), *Agaricin* (131) or *Atropia* (p. 23); diarrhœa, *Opium* or *Bismuth* (pp. 36 & 46); paroxysms of fever, *Quinine, Salicin* (pp. 11 & 18), or *Phosphor* (154); and dyspnœa, *Ether* (304). In profuse or offensive expectoration *Tar* or *Creosote* (pp. 52 & 64), in conjunction with inhalations of *Phenol* or *Chlor.* (302, 317 & 23). For *Hemoptysis* see Hemorrhage from the lungs.

LUPUS NON EXEDENS is a very obstinate form of ulcer affecting the face, chiefly of young women of a scrofulous constitution, which is constantly spreading in one



direction, whilst healing in other parts, destroying perhaps the *alæ nasi* or *palpebre*. **Treatment** consists in **tonics** (p. 70), with soothing local applications *Mangan*, *Jod* or *Jodoform* (401 & 402) etc. *Lupus exedens*, a still more serious form affecting young people and beginning with a shiny swelling of the side of the nose, which slowly ulcerates, destroying the nose, roof of the mouth and floor of the orbits requires **Arsenic** (p. 9); and locally **caustics**, *Argentum*, *Chrom* (403) or *Phenol* (398) etc.

**LUXATIONS.** See Dislocation.

**LYMPHATIC GLANDS**—Chronic enlargement of the sub-maxillary or cervical glands is chiefly due to scrophulosis, and is the treatment to be directed to the constitutional disease: *Quinine* or *Ol. Jecoris* (p. 15); **sulfides** and **tonics** (pp. 18 & 70); and locally *Iodine* or *Phenol* (20 & 239). See Bubo.

**LYMPHOMA.** See Leucocythæmia.

**MALACIA** (a morbid craving for certain kinds of food). See Pica.

**MALARIA** (a special morbid agent of telluric origin, causing periodical fever). See Fever (intermittens and remittens).

**MAMMÆ.** See Breasts.

**MANIA**—A disorder of the intellect with excitement of one or more passions, which, with the exception of melancholia, is the most frequent and important variety of insanity. The psychical symptoms of *mania simplex*, considered not individually, as in a single case, but collectively, as occurring in a succession of cases, are: Rapidity of thought and exalted feeling with hallucinations, illusions and corresponding delusions; at the height of the disorder, incoherence of speech, perversion



of instincts, with suicidal tendencies, and loss of control over actions. The somatic phenomena are insomnia, great muscular activity, with absence of normal fatigue, increase of appetite and sexual intercourse; but general loss of weight. *Mania puerperalis s. lactea* includes those cases of mental derangement, incident to pregnancy and its *sequelæ*, the prognosis of which is not unfavorable, provided it be caused by simple anæmia or functional disorders, which can be removed. The derangement is generally preceded by a few prodromal symptoms, as insomnia or obstinate taciturnity, and may also assume the form of *melancholia* and *dementia*, mania occurring chiefly during or after delivery; melancholia during pregnancy and lactation, and dementia most commonly after delivery and during lactation. Uncomplicated cases of climacteric insanity, are, like puerperal mania, amenable to complete recovery, the gravity of the prognosis depending on the existence of other diseases, on the amount of hereditary neuropathic taint and of previous mental disorder. *Sympathetic insanity* is also curable, if caused by local irritation for which there is a remedy. For *Mania a potu*, see Alcoholism. **Treatment** consists in the judicious exhibition of *sedatives* (pp. 25 & 38); *stimulants* (pp. 75–79); with *cathartics* (p. 88) and *anæsthetics* (304 & 16). Mental alienation in consequence of undue lactation, or from excessive loss of blood during the puerperium, requires a generous diet with *tonics*—*Quinine* (166); *Ferrum* (p. 79), according to circumstances. When threatening during pregnancy, *Cimicifuga* (p. 47). See Insanity.

MASTODYNIA. See Breast.

MASTURBATION—*Onanie* or *Self-pollution* is the un-

natural abuse of the sexual functions, owing sometimes to irritation produced by worms, and leading sooner or later to seminal emissions and impotence. See the latter.

MEASLES—See Morbilli.

MELÆNA—(Hemorrhage from the stomach passed *per anum*). See Hemorrhage.

MELANÆMIA signifies the presence of pigment in the blood—the pigmentation of organs is called *melanosis*. Both conditions are found in the periodical fevers, and depends the degree of pigmentation upon the duration and severity of the malarial affection.

MELANCHOLIA—A variety of mental alienation, characterized by excessive gloom, mistrust and depression, with insanity on one particular subject or train of ideas. (*demonomania*, *erotomania* and *nostalgia* may be referred to this head). The psychical symptoms viewed collectively are: Limited range of thought and ideas, impaired memory, persistent despondency, and social apathy, with loss of will power, suicidal impulses, præcordial panic, morbid fears, hallucinations and illusions. Of physical symptoms may be mentioned, headache, insomnia, muscular inertia, and partial or complete loss of sexual appetite, coupled with malnutrition and loss of weight. *Treatment* similar to that of Hypochondriasis—*Arsenic* or *Aurum* (p. 9); *Brom*, *Camphora*, *Castor*. (pp. 25–29); *Galvanism* (p. 148), etc.

MENINGITIS—The inflammation of the pia mater and arachnoidea is called *Leptomeningitis*; that of the dura mater, *Pachymeningitis* (see Brain). *Pachymeningitis* is always suppurative, following injury or disease of the cranial bones, especially *otitis interna et media*, with consecutive caries of the petrous portion of the temporal

bone. The *treatment* is surgical and directed to the cause.

*Internal Hemorrhagic Pachymeningitis* is characterized by a more or less slow hemorrhage, preceded generally by symptoms of antecedent cerebral disease, as headache, vertigo, *tinnitus aurium*, intolerance of light, with contraction of pupil, and insomnia. If the hemorrhage be sudden and considerable—apoplexy—it may prove fatal; if it take place slowly, it will cause somnolence, the mind, on awaking, being more or less disordered. Such an attack of apoplectic coma may occur more than once, and may last for days. The limitation of the hæmatoma to one side may produce facial paralysis or hemiplegia, muscular contractions or convulsions, or only contraction of the pupils. The disease, which occurs mostly in old age—drunkards being particularly liable to it—is, aside from trauma, incident to chronic lesions of the brain, especially to those belonging to general cerebral paralysis. The *treatment* consists in *cold compresses* to the head; *stimulating pediluvia* (419); *counter-irritation* to the neck, and *cathartics* (p. 88). *Brom* (p. 25), or *Ergot* (pp. 65 & 78) may be tried, and to promote absorption, *Iodine* (p. 14).

*Leptomeningitis*—Simple acute cerebral meningitis, exclusive of its occurrence in the course of eruptive fevers, pneumonia, etc., develops sometimes with inflammation of the dura mater, in connection with disease of the middle ear; though, in cases of *otitis interna*, it may be developed without either, pachymeningitis or caries. It is characterized by great excitement, eventuating even in hilarious or maniacal delirium; intense headache; intolerance of light and sound; flushed countenance; strongly pulsating carotids; vomiting, and

more or less fever. These symptoms are followed by the stage of oppression: Drowsiness; rapid and feeble pulse; *Cheyne-Stokes respiration*; spasmodic twitchings and *paralysis facialis* or hemiplegia, passing (in fatal cases) into coma. Strabismus, hemiplegia and convulsions are not absolutely of bad omen. *Treatment* similar to that of the preceding disease, the *ice-cap* or *cold douche* to head; *sīnapisms* to neck; and *Calomel* and *Jalap*, or *Croton* (pp. 92 & 98); or *Aconite* (pp. 22 & 55). To diminish the cerebral excitement, *Brom*, with or without *Morphia*. In the second stage, *Iodine* as sorbefacient, and a *blister* to nuca, if required. Attention to bladder and supporting measures are other important items.

*Meningitis tuberculosa*—Basilar Meningitis or Acute Hydrocephalus (for the chronic form see Hydrocephalus) occurs chiefly in children of, from 2—7 years of age. It is characterized by the presence of miliary tubercles in the pia mater, conjoined with meningeal inflammation and a serous effusion in the ventricles. Unless supervening upon tubercular disease of the lungs, it is usually preceded by general indisposition, muscular debility, pallor and irritability of temper. The disease begins mostly with frontal headache, fever and vomiting, in fact all the symptoms of simple meningitis; and a lancinating pain, causing infants to utter from time to time a sudden, sharp cry, known as the *cephalic cry*. The second stage is marked by somnolency, with occasional delirium; the pupils dilate; the eyelids are but partially closed; and sometimes there is strabismus. Subsultus, carphologia and paralysis or convulsions generally close the scene. The *treatment* is similar to that of simple meningitis, though without much hope for success.

## PART II.

### CONTINUATION.

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*Meningitis cerebro-spinalis* is an essential fever of an infectious nature, the inflammation of the meninges being a local manifestation of a general morbid condition. It is characterized by severe headache with spinal pain and hyperæsthesia of the whole body, to a degree that renders the slightest touch unsupportable, in conjunction with contractions of the muscles of the neck and retraction of the head. In addition there are chills, nausea and vomiting; paroxysms of delirium, especially at night, and accompanied by hallucinations; finally great prostration, followed by coma. Deafness and blindness are occasional sequels, if the disease does not end fatally—the latter from purulent choroiditis, the former a result from purulent inflammation of the labyrinth of the ear. *Treatment* according to the severity of the disease—*wet cups* to the neck; or *leeches* behind the ear; and *cold applications* with *Quinine* (7); or *Aconite* (pp. 22

& 55); *Pulsatilla* (p. 16); *Ergot* (p. 78); *Brom*, *Chloral*, *Gelsemium* or *Opium* (pp. 25–38) or *Morphine hypodermically* (p. 110). As support, *brandy* (p. 73).

*Menopause*—The final cessation of menses where the ovaries get into a state of atrophy, and women frequently grow in flesh, represents the so-called critical time of female life, inasmuch, aside from any tendency to cancer (either of the breast or of the womb, which will have been held in check by the catamenia); or any predisposition to apoplexy; or engorgement of some organ, all of which are more liable to be developed at this time, where the derivative effect of the monthly loss of blood necessarily stops, we usually meet with disturbances in the economy, which are of more or less importance, and in the treatment of which we have always to bear in mind this cause. Exclusive from irregularities of the menses, which may be extremely profuse or very scanty; suspected to reappear after several months, or replaced by a leucorrhœal discharge; in connection with uterine disease or no, we will find at the climacteric period the most varied affections, all standing in some relation with the organs of generation—asthma, palpitation of the heart, hæmoptysis, etc.; often the nervous system is imminently excited, producing paralysis of all grades and convulsions of all shades—catalepsy, epilepsy, chorea, hysteria, even mania. The *treatment* has reference to the causative disease, amenorrhœa, metrorrhagia, uterine disease, etc. Compare *Menstruatio vicaria*.

**MENORRHAGIA** (Profuse menstruation). See Hemorrhage from the uterus; for *Difficult Menstruation*, and *Retention* or *Suppression* of *Menses* see *Dysmenorrhœa* resp. *Amenorrhœa*.

**MENSTRUATIO VICARIA** is the hemorrhage from any organ, taking the place of the physiological discharge of blood from the uterus. The bleeding may come from the bowels, stomach or bladder; from the nose, mouth or bronchial tubes; even from the umbilicus or from hemorrhoids or ulcers. Sometimes the molimia are replaced by abundant salivation, leucorrhœa or periodical eruptions; but the intestinal mucous membrane is the one which most frequently affords the vicarious discharge as diarrhœa. For a time, women are protected against the effects of suppressed menstruation by the increased deposit of fat in the various tissues, thereby preventing local engorgement, especially at the climacteric period. The *treatment* consists in breaking up, if possible, the faulty determination and stimulating at the same time the uterus: *Aloes cum Myrrha* (p. 89) every 2d or 3d night and a *saline draught* (p. 95) in the morning in case of constipation; together with *styptic pediluvia* (419), etc. Some blood, (about 2 ounces) may be taken from the arm at the period of menstruation and if required to be repeated for several months in succession.

**MENTAGRA** (Tinea Sycosis). See Head.

**MENTAL DEPRESSION.** See Melancholia and Hypochondriosis. *Mental Diseases*—Insanity.

**METEORISMUS.** See Tympanites.

**METRITIS INTERNA AND PARENCHYMATOSA.** See Uterus. (Endometritis resp. Hyperplasia.)

**METRORRHAGIA.** See Hemorrhage from the Uterus.

**MICTURITION, PAINFUL** (Strangury). See Bladder, resp. Kidney, (Cystitis, Spasmus Vesicae and Nephritis acuta).

**MIGRAINE.** See Cephalalgia.

**MILK LEG.** See Phlegmasia alba dolens.



MISCARRIAGE. See Labor (premature).

MOLE (Mothermark). See Nævus.

MOLE, UTERINE—True moles, the vesicular or hydatiform are due to an alteration in the envelops of the ovum, together with an irregular enlargement of the chorial villousities. The false mole is not necessarily connected with pregnancy, and is often represented by polypoid and fibrous growths, or membranes of congestive dysmenorrhœa. In connection with pregnancy, the whole or part of the frontal shell, or of the placenta is retained and more or less organized within the uterus, after the life of the fœtus has been destroyed by adverse influences, without being expelled properly. It is characterized by cessation of the signs of pregnancy, hemorrhage with uterine tenesmus and a feeling of weight. *Treatment*—After full dilatation (by tents if necessary) of the cervix, uterine action should be roused by the persistent use of *Ergot* (p. 65). Or the mass may be removed by a large uterine scoop, or by traction with the placental forceps.

MORBILLI (*Measles*)—A contagious fever chiefly occurring in childhood of mostly a mild form; but sometimes associated with grave complications, as capillary bronchitis, croup, diphtheria, etc., or followed by no less serious diseases. It is characterized by an eruption, preceded sometimes by an eclamptic fit, but generally by more or less catarrh of the air passages, *coryza* and *conjunctivitis* with feverishness constituting the most prominent symptoms. The rash appears first on the forehead, invades face and neck, and spreads within two days over nearly every part of the body, the slowness of the extension being distinctive from scarlatina and variola;



though the papules into which the spots soon are transformed, resemble those of the latter disease prior to their turning into vesicles. After four days the eruption, which is sometimes uniformly diffused over the whole body, and which may be accompanied with pruritus, begins to fade again. In severe forms the phenomena of purpura supervene, and if there be hemorrhage from nose and mouth, or from the bowels, it takes the name of *hemorrhagic measles*. *Treatment* is symptomatic: According to the degree of pyrexia *sponging* with *cold* or *tepid water*, or the *wet sheet* (420); else *Aconite* (p. 22) *Nitre* or *Soda* (pp. 54 & 56); for cough, *Opium* (p. 52) and in suppression of rash, *Ammonium* (p. 43) with *Mustard bath* (419).

MORBUS BEBIDORUM (*Kater*). See Alcoholism.

MORBUS MACULOSUS WERLHOFII. See Purpura.

MORBUS NAUTICUS—Seasickness occurring in otherwise perfectly healthy people when on the water and produced sometimes already by the slight motion of a boat is characterized by general malaise, nausea with or without vomiting; hyperæsthesia of some nerves especially of the olfactory and occasionally by extreme prostration. *Treatment*—Aside from spirits, oranges and apples, which are the usual remedies employed on board ship, *Cocaine* (p. 77) or *Chloroform* (61 & 246) may be tried.

MORTIFICATION. See Necrosis.

MOUTH. *Stomatitis simplex*—A circumscribed inflammation of the mucous membrane in form of small white specks, which are slightly elevated and surrounded by a dark red zone, terminating in white sloughs. (The follicles are not involved). Aphthæ accompany frequently indigestion, and in women menstruation;

sometimes they are due to smoking and chewing of tobacco; mostly however they occur in children, during dentition, from want of cleanliness. *Treatment* according to cause—In children, *Magnesia* (112) to correct the acidity of the stomach and *Borax* (284) locally. Muguet or Soor (*Stomatomycosis*) is very similar in appearance, being characterized by a whitish exudation in shape of minute points; they are produced by a fungus—*Oidium albicans*—which is developed in the follicles. Thrush occurs chiefly in infants during the first few weeks if the mouth has not been washed after feeding; in adults it is a sign of a cachectic state of the blood. *Treatment* as in stomatitis simplex; if obstinate, *caustic* with attention to the constitution: *Potass* (31).

*Stomatitis ulcerosa*, *Stomacace* or *Gingivitis parenchymatosa* occurs seldom primary (from bad air and food, etc.); usually it is secondary. The most severe form, being generally due to the abuse of mercury, is characterized by swelling and inflammation of the salivary glands, cheeks, tongue and fauces, with bleeding and sloughing of the gums, accompanied by a flow of peculiar fetid saliva. *Treatment*—The best local applications are gargles of *brandy* and *water*; *Phenol*, *Potassii Chloras*, *Myrrha* or *Tannin* (283, 98 & 300) and *Iodine* with *bark* (p. 14) internally with occasionally a *purgative*.

*Stomatitis gangrenosa* s. *Cancrum Oris*—Noma, occurring chiefly in illfed children, and after infectious diseases, begins sometimes as a black spot of gangrene on the lip, or inside the mouth, without any inflammation, the parts around being pale and wax-like; generally, however, it commences with a shallow circumscribed ulcer, accompanied by swelling of the face, saliva mix-

ed with blood, and fetid breath. Soon it becomes gangrenous, destroying cheek and gums; the teeth drop out and typhoid symptoms supervene, terminating in death. *Treatment*—A *purgative* (p. 88), followed by *tonics, Quinine, mineral acids* (p. 76), etc; *Potassii Chloras* (p. 56). As lotion, *Creosote, Phenol* or *Zinc* (337 & 98); or *Acid. nitric.* (372). The application of *Sublim.* (1:5000) after having cut the sloughs away, as far as possible, with scissors, is said to have been successfully employed. The dressing should be renewed every twelve hours, until the surfaces are clear and healthy, when it has to be discontinued.

*Glossitis*—Inflammation of the tongue accompanied by great swelling, tenderness and difficulty in speaking and deglutition, is generally caused by profuse salivation. *Treatment* as in stomatitis ulcerosa: A *purgative* and *gargles*; if necessary *leeches* or *incisions*.

*Parulis*—Gum-boil, a small abscess, forming in the socket of a tooth, and bursting through the alveolus and gum, sometimes through the cheek, is caused usually by the irritation of a decayed tooth. *Treatment*—Removal of the tooth if much decayed, and *fomentations*; as soon as matter is detected, an *incision*. If the gum next to a decayed tooth becomes spongy, swelled and sensitive, the incision should be made too. *Aperients* (p. 88) and an *astringent* mouth-wash (299) will be of service.

*Ranula*, an encysted tumor under the tongue, may, if the cyst be loosely attached, be *dissected* out; or a piece of the sac may be *cut out*; or simply a free incision may be made, and the interior touched with *caustic*. *Epulis* is a fibrous or myeloid tumor, flat, prominent or pendulous, and painless, growing from the internal or exter-

nal surface of the gum; or from the periosteum, covering the alveoli between two teeth, which latter ultimately will be displaced. It should be *extirpated* at once, even if the tooth on either side has to be extracted. *Cancer* commences with a nodule, which is nearly always situated on the edge of the tongue—*Free and early extirpation*.

*Tongue-tie* is a congenital shortening of the *frænum lingue*, confining the apex of the organ to the lower jaw. The *frænum* must be *divided* with a blunt-pointed pair of scissors, taking care to direct their points downwards close to the jaw, so as to avoid the ranine artery.

*Fetor Oris seu Stomatodysodia*—Offensive breath is either due to catarrhal affections of the respiratory organs, chronic pulmonary disease, digestive derangement; or to caries of teeth and want of cleanliness. Removal of cause, if possible, and *disinfecting gargles* (283 & 298). For *Salivation* (a morbidly increased secretion of saliva) see *Stomatitis ulcerosa*, page 314.

MUGUET (*Stomatomycosis*). See page 314.

MUMPS. See *Parotitis*.

MYALGIA—Muscular Rheumatism is a neuralgia, affecting sensory nerves in muscular organs, characterized by more or less tenderness, extending over the *whole surface* of the affected muscle, and *not limited* to certain points as in ordinary neuralgia; and by the fact that paroxysms of pain are more or less cramp-like and excited *exclusively by movements* of the affected muscle—A diagnostic feature of abdominal myalgia is, that firm pressure with the palm of the hand can be well borne. (Myalgia in the extremities must not be confounded with neuralgia affecting the nervous trunks, or with syphilitic rheumatism). If the muscles of the antero-lateral

part of the neck are affected, it is called *rheumatic torticollis*, if of the posterior part, *cervicodynia*; if of the back, *dorsodynia*; if of the loins, *lumbodynia* or *lumbago*; if of the thoracic muscles, *pleurodynia*; shoulders, *scapulodynia*; coccyx, *cocciodynia*. This last affection, which is characterized by severe pain upon sitting down or rising, especially from a *low* chair, and defecation; and which is to be discriminated from painful hemorrhoids, fissure of anus, and a spasmodic condition about the muscles of this part, due to worms in the rectum, arises frequently from uterine disease. **Treatment**—In acute cases, next to rest *sinapisms* and soothing embrocations, *Belladonna*, *Aconite*, *Chloroform* (350, 410 & 11) etc.; or *Phenol* or *Morphium hypodermically* (pp. 107 & 110). Internally *Ammon. Chlor.* in one-half drachm doses (p. 44); *Salicin* (p. 18); *Quinine* (p. 11) in full doses; with *anodynes*, *Brom*, *Gelsemium*, *Morphium*, *Lithium* (pp. 26, 33, 37 & 51). In the chronic form aside from the above treatment *stimulating liniments* (409); or *Lugol's paint* (p. 15). *Small blisters* (408) do sometimes good. *Electricity* or the *pack* (420 & 21) may be tried; *Ferrum* (p. 79) if *anæmia*. In *cocciodynia* extirpation of the bone, if nothing should effect a cure.

MYELITIS. See Spine.

MYOPIA. See Eye.

NÆVUS—A mole or mother's-mark is a simple angioma of a red color, if arterial; dark or bluish if venous. It is generally congenital and harmless. *Galvanopuncture* (p. 149). The cavernous angioma is an erectile tumor, and the villous variety is a vascular growth mostly to be found at the neck of the bladder. See Urethral Tumor.

**NAILS**—A very common and troublesome affection, which usually occurs by the side of the great toe, is *ingrowth of the nail*. The contiguous soft parts are first swelled and inflamed by constant pressure against the edge of the nail from the use of tight shoes, and soon an ulcer is formed, with fungous and exquisitely sensitive granulations, in which the edge of the nail is embedded, often producing so much pain as to prevent walking. *Treatment*—In most cases, if the nail having been well softened by soaking in warm water, is shaved as thin as possible with a sharp knife, and the pain and irritation allayed by rest, with *fomentations*; any ulcer that has formed will heal with the aid of *black-wash* (329) on lint, or a touch of *lunar caustic*. Afterward it is useful to cut out of the middle of its free edge a V-shaped piece, reaching down to the quick, but not into it, so as to permit the nail to be bent up vertically from the sides, and thus yield to the lateral pressure. Or the interstices between the nail and the granulations may be brushed several times a day with a solution of *Gutta percha* in *Chloroform* (1:8), until the nail is lifted from the underlying parts; when it can easily be cut off with scissors. The gutta percha of the anæsthetic menstruum is said to force its way between the granulations and the nail, thus liberating it from its abnormal position.

*Exostosis*—A fibrous tumor (which sooner or later ossifies), on the dorsal surface of the last phalanx of the great toe. To cut away a sufficient portion of the nail, and *dissect* the tumor *out*, separating it deeply from the phalanx by means of bone forceps, or *amputation* of the toe, is the only effective treatment. For knotty and



brittle nails ( *Onychomycosis* ) see *Tinea tonsurans*, page 247; and for inflammation at the root of the finger-nail—*Onychia*.

NAUSEA. See vomiting.

NECROSIS—Death or mortification of bone, especially the shaft of a cylindrical one which is inclosed in a case of new bone, is due to injury or violent inflammation. Necrosis of the superficial layer of bone is called *exfoliation*. *Treatment*—As soon as the diseased part (*sequestrum*) is sufficiently loose, it has to be removed. See Gangrene.

NEOPLASMA. See Skin (Hypertrophy),

NEPHRITIS. See Kidney.

NERVOUSNESS. See Hysteria.

NERVOUS EXHAUSTION OR PROSTRATION (*Neurasthenia*). See Debility.

NETTLERASH. See Skin.

NEURALGIA—A functional affection of nerve-trunks or their branches, characterized by morbid sensibility, and shifting excruciating pain, which occurs in paroxysms, or marked exacerbations, accompanied by tenderness in *certain circumscribed spaces* of the skin, and due among other causes to anæmia, malaria, gouty and rheumatic dyscrasiæ. *Trifacial Neuralgia* or *Prosopalgia* is characterized by pain situated in the sensory fibres of the *quintus* and is generally unilateral: If the *supra-orbitalis* is affected, there will be moreover intolerance of light with redness of the eye and increase of tears (migraine, hemicrania or brow-ague); in neuralgia of the 2d branch (*N. maxillaris superior*), there is increased secretion of one nostril, accompanied by heat; and if the 3d be affected, there will probably be more or less saliva-

tion. A very obstinate form of facial neuralgia is characterized by spasmodic contraction of the muscles of the face, hence the French name *tic douloureux*. *Cervico-Occipital Neuralgia* is characterized by shooting pains, starting from the cervical vertebræ just below the occiput and extending thence over the posterior and superior portion of the cranium as far as the ear. *Cervico-Brachial Neuralgia* is generally limited to either the ulnar, radial, median or musculo-cutaneous. In *Crural Neuralgia* there is a shooting pain along the anterior crural nerve and its branches. In *Sciatica*, the neuralgia is of a rheumatic nature (see *Myalgia*), and sometimes associated with muscular twitchings and cramps. The most painful parts of the sciatic nerve are generally at the *sacro-iliac junction, behind the trochanter major, at the head of the fibula, and the external malleolus*. *Hysterical Neuralgia* is in most cases easily diagnosticated on account of its anomalous character: A woman may complain of an unsupportable pain in the chest or side, *yet she will expand her ribs freely*; or of the severest pain in any part of her body, *yet she will easily bear pressure*. For *Visceral Neuralgia* see the organ which is the seat of the disease. **Treatment**—Aside from due attention to the causative disease, a generous diet, and proper hygienic measures, *anodynes* will be of most importance: *Aconite, Belladonna, Brom* (35, 43 & 50); *Chloral, Chloroform* and *Hyoscyamus* (60, 64 & 73) *Conium* or *Morphium hypoderm.* (245—255). Locally, *Aconite, Veratrin* or *Camphora* (409 & 10); *Opium, Bell., or Chloroform* (350 & 52); small *blisters* successively applied *to the tender points* (408); the *actual cautery* or *electricity*, especially cutaneous Faradization (p. 149). Weak nerve irri-



tation of any part in the body, but particularly, if caused by slight urinary affections as lithiasis, grit or congestion of the kidneys, is said to be easily subdued by a few drops of *Cocaine* (20%), injected into the urethra—in severe neuralgia, as the pain produced by stone, inflammatory diseases, or cancer, it is of no value whatever. One or the other of the following remedies will also sometimes afford relief: *Arsenic*, *Quinine*, *Rhus* (pp. 9, 10 & 58); *Terebinthina*, *Argentum*, *Phosphor* (pp. 68, 74 & 85); *Strychnine* and *Zinc* (184, 194 & 96). In addition to these may be mentioned *Ammonium* internally and locally (p. 44); *Pilocarpin*, *Cuprum* (pp. 51 & 78); *Iodoform-Collodium* (1:10), brushed over the painful part, until it forms a thick cover, in trifacial neuralgia; or *Amyl* (37 & 308); in sciatica, *Iodine* and *Colchicum* (pp. 14 & 48). In the hysterical form are occasionally of service, *Cannabis*, *Cocaine* and *Ferrum* (57, 168 & 173); *Camphora* (56 & 243); or *Cimicifuga* (p. 47).

NEURASTHENIA. See Debility.

NEURITIS—If a superficial nerve is inflamed, it may be felt hard like a cord, and the skin over it, red, eventuating sometimes in erythema or vesicular eruption. The pain of an inflamed sensory nerve may extend to its terminal branches, and the inflammation may be followed by anæsthesia with or without analgesia. If seated in a motor nerve, it may give rise to muscular contractions, followed by paralysis, which if there be also loss of reflex and of electrical conduction, will lead to atrophy of the affected muscles. Neuritis is mostly due to injury or the presence of foreign bodies. The *treatment* of the idiopathic affection consists in *soothing* and *revulsive applications* (409 & 10) with or without *Morphinum*

*hypodermically* (p. 109). The anæsthesia or paralysis which may follow, requires *electricity* (p. 148).

NEUROMA is called any tumor growing from the sheath of a nerve. It is generally painless, but if it proves troublesome, it may be extirpated, provided the connection is not so intimate as to require division, which in a large nerve, such as the sciatic, would be followed by paralysis of the limb. A painful subcutaneous tumor, of the size of a pea, generally affecting women, and associated frequently with hysterical and spasmodic affections, *though fibrous*, and visibly *not* connected with a nerve, is called neuroma on account of its being subject to fits of a most severe neuralgic pain.

NEUROSES. See Epilepsy, Chorea, Hysteria, etc.

NIGHTSWEAT. See Ephidrosis.

NIPPLES. SORE. See Breast.

NOCTURNAL EMISSIONS. See Impotenz.

NODES (*Gummata*). See Syphilis.

NOMA. See Mouth and Vulva (Stomatitis, resp. Vulvitis gangrenosa).

NOSE—*Foreign bodies* may be removed by a small scoop or bent eye-probe, and if they cannot be brought through the nostrils, they may be pushed back into the throat. If a *polyp* present (which sometimes may be brought into view by blowing strongly through the affected nostril, whilst the other is closed with the fingers), there will be a constant feeling of stuffing and cold in the head. The *treatment* consists in injections of *Sanguinaria* or *Phenol* (239 & 291) into the substance of the growth; or in twisting it off with polypus or dressing forceps, after having ascertained its neck by means of a probe. If it should project backward into the pharynx

it must be extracted through the mouth with curved forceps; or a loop of stout twine may be passed by means of a bougie, along the floor of the nostril into the pharynx, where it may be passed around the tumor by the fingers; and the tumor may be dragged forwards through the nostril. *Cancerous growth* may be diagnosticated if there is a freely bleeding fungoid surface, pain, and signs of cachexia.

*Coryza, Rhinitis catarrhalis or Cold in the Head (Schnupfen of the Germans)*—An inflammation of the *Schneiderian* membrane, yielding a copious discharge, extends often to the conjunctiva, producing watering of the eye; sometimes it spreads upwards, occasioning frontal headache or a pain confined to the bridge of the nose; sometimes the *Eustachian tubes* become involved, producing noises in the ear or partial deafness. If complicated with the other air passages it constitutes the common cold. (See Catarrh). *Treatment*—*Acidum salicylicum* gr. xx *ter die* in *Liq. Ammon. acet.* (p. 43) has lately been recommended as aborting the disease; however a stiff grog before going to bed, and perhaps *Infusum Salviæ* as douche, in case the pharynx be involved, will generally do the same; else the treatment indicated in bronchitis. The chronic form (*Stockschnupfen*), unless arising from the acute, is a constitutional dyscrasia. *Rhinorrhœa* is another form of coryza, characterized by a purulent discharge, more or less fetid, and accompanying or following a common cold, and very obstinate. *Tonics*, especially *mineral acids* (p. 71) with *Phenol* (289) locally. *Ozæna* is a horribly fetid, purulent or sanious discharge from the nostrils, depending like otorrhœa on some morbid condition as scrofulosis, syphilis, etc. The

*treatment* has to be directed to the causative disease; and locally *Argent. nitric.* (288) or *Acid. chrom., Phenol, Mangan* (289) etc. For bleeding of the nose (*epistaxis*), see Hemorrhage and Menstruatio vicaria; for neuroses of the olfactory, as *hyperæsthesia* (increased sensitiveness), *anosmia* (loss of smell), and *parosmia* (perverted sensibility)—Hysteria.

NYMPHÆ, HYPERTROPHY. See Vulva.

NYMPHOMANIA signifies a morbid and excessive sexual desire in females—occasionally a phenomenon in hydrophobia. *Treatment*—Aside from hygienic measures, *Brom* or *Camphora* (pp. 26 & 28). *Salicin* (p. 18) has been recommended.

OBESITY. See Adipositas.

OCCCLUSIO ANI et URETHRÆ. See Anus, resp. Urethra.

ODONTALGIA (Toothache). See Teeth.

ŒDEMA. See Anasarca; of *Glottis*—Larynx; *Pulmonary*.—Lung.

ŒSOPHAGUS—*Foreign bodies* fixed in the pharynx or œsophagus produce a sense of choking, and fits of a suffocative cough, causing if not suffocation at once by spasm of the glottis, ulceration of the part, when the impaction of the substance takes place, attended by exhausting cough with dyspnœa and profuse expectoration. A quick and thorough search of the pharynx should be made with the finger, the patient being seated in a chair, with the head thrown back and the mouth wide open. When the substance is felt, but cannot be removed by the finger it may probably be done with curved forceps guided by it. Pins and fishbones are usually entangled about the pillars of the fauces or in the folds of mucous membrane between the epiglottis

and tongue. If the body has passed into the œsophagus and is small in shape (a fishbone, etc), it may be got rid of by making the patient swallow a good mouthful of bread. If large and soft (a piece of meat, etc.), it may be pushed down with the probang; but large and hard bodies, as glass, bone, teeth, and the like, should be brought up if possible. If this cannot be done by a convenient instrument, and the stomach is full, it might be vomited up with the aid of a dose of *Tart. emeticus*. If all means fail, *œsophagotomy*. If the substance has got into the stomach, the sufferer should eat plentifully of rice, potatoes, etc., with oil, so that in its further passage it may be shielded by plenty of fæces, taking care that if it be a copper coin or some other poisonous metal, not to allow *acid* drinks.

*Stricture of the Œsophagus*, unless due to pressure by a tumor and the like from without is generally found just below the termination of the pharynx, opposite the cricoid cartilage; and consists mostly of a thickening of the coats of the œsophagus. *Treatment*—Aside from occasional *leeching* for the relief of exacerbations of pain and spasm, and *Conium* or *Hyoscyamus* (pp. 31 & 33), if there be much irritability, dilatation with a *bougie* (297) or a *ball-probang*, together with the occasional introduction of a sponge moistened with a weak solution of *Arg. nitr.* (261). The same treatment is indicated in ulceration, which, even without the pre-existence of a marked tumor, may affect the pharynx at the base of the cricoid cartilage as well as lower down the œsophagus.

*Spasmodic Stricture* or *Œsophagism*, is characterized by sudden fits—the patient at a meal finding himself incapable of swallowing; the attempt to do so producing

spasmodic pain and a sense of choking. It depends always on a weakened or hysterical state of the system, or on the presence of some other disorder; and may last for years. *Treatment* has to be directed to the cause—*Tonics, anti-spasmodics* and *alteratives*, especially *Ferr. c. Aloes* (pp. 89 & 90) at bedtime; and the *showerbath*.

*Palsy of the Œsophagus* occasions inability of swallowing without pain or spasm; and may follow diphtheria, or depend on disease of the brain or spinal cord. *Treatment* according to cause. Meanwhile the patient has to be fed by *nutrient enemata* (387); or by the stomach-pump (297); or by pushing soft food down the œsophagus with a probang.

**ONYCHIA**—Whitlow is an inflammation of the skin at the root of a nail, characterized by swelling and oozing of sero-purulent matter from under the skin. If severe—*Onychia maligna*—, an ulcer is formed with swelled, jagged edges of a peculiar dusky hue, and a very fetid discharge. It is generally due to scrophula or syphilis. *Treatment* accordingly—*Iodine* (p. 14) and locally *Ungt. Hydr. rbr.* or *Arsenic* (266 & 400). *Paronychia* exists as cutaneous, subcutaneous, thecal and periosteal abscess. The first is characterized by inflammation of the skin with effusion of a serous or bloody fluid, which elevates the cuticle into a bladder; the second, by supuration at the root of the nail, which may come off. *Treatment*—Aside from *purgatives* (p. 88) *fomentations* and *dressings* with *Balsam. peruvian.*, *Phenol*, or *Arsenic* (398 & 400)—*Incision* if necessary.

*In periosteal whitlow*, consisting in periostitis of a suppurative character, which may lead to necrosis of the phalanx; and *tendinous whitlow* (*thecal abscess*), affect-

ing the tendinous sheath, a free *incision* should be made at once: The knife must be carried deep enough to feel the bone and tendon, so as fairly to open the sheath of the latter. If matter has extended into the palm, another incision should be made upon a director—in order to avoid the digital artery—till the pus freely escapes.

OOPHORITIS. See Ovaritis.

OPHTHALMIA. See Eye.

ORCHITIS. See Testes.

OS UTERI. See Uterus.

OTALGIA. OTITIS. OTORRHŒA. See Ear.

OVARIES—*Atrophy* may, aside from being a physiological action constituting the menopause, be the result of acute ovaritis, pelvic peritonitis or cellulitis, in which case general *tonics* (p. 69) may be of some use; in conjunction with uterine irritation, produced by the introduction of *a tent* once or twice a month, provided inflammatory action be not excited; or *electricity* (p. 149); or—marriage. The same treatment is indicated in cases of *imperfect development of the ovaries*.

*Displacement of the Ovaries* is not only a consequence of any displacement of the uterus—pregnancy—or abdominal viscera; but will result also from inflammation, hypertrophy and other affections of the organ itself, the prolapse generally being attended by hernia of the *Fallopian tubes*, or some portions of the intestines or omentum. They mostly fall, when their weight is increased, into the *cul-de sac of Douglas*; rarely into the inguinal canals, or through them into the dartoid sacs of the *labia majora*, where they show a monthly intumescence, which creates much local disturbance, and keeps the part swelled, heated and tender until ovulation is passed. *Treat-*



*ment*—Reposition *by taxis* and keeping it in situ by a proper truss, pessary or bandage is all that can be done. See Chronic Ovaritis, next page.

*Ovaritis acuta* is characterized by severe pain in one or the other iliac fossa, with increase of heat, fever and perhaps chills. By conjoined manipulation the ovary is felt enlarged, exquisitely sensitive, and generally depressed in the pelvis. These symptoms may subside by resolution; or pus may be formed in the gland, which may discharge into the peritoneum, rectum, vagina or bladder. It may be caused by gonorrhœa, and disturbances of menstruation; but mostly it is associated with pelvic peritonitis or cellulitis. *Treatment*—Aside from perfect rest, *læches* over the diseased organ, at the groin or around the anus. *A poultice* over the hypogastrium, if its weight give no pain, and *Opium* freely by mouth and rectum (p. 35). *The chronic form* being characterized by a dull pain over one or both of the ovaries, which probably will be augmented by menstruation, is, as a primary affection, *creating* uterine disorder, as frequent as it is *secondary to uterine disease*. In case of prolapse there will be pain on sexual intercourse; pain in rectum and down the thighs; pain and exhaustion after defecation; leucorrhœa, irregular menstruation; and sometimes inability to stand or walk. If both ovaries are diseased, sterility is the consequence. Whilst in some cases the symptoms are entirely physical, in others the mind and nervous system will be found much involved—epilepsy is often a result. Aside from a deviation of the uterus from its normal axis, from the *os* of which a mucous plug generally will protrude, there will be found in Douglas' pouch on one or both sides of the



uterus the ovary as a round, soft body, about the size of a walnut, which, when caught between two fingers in conjoined manipulation will prove very sensitive, and produce often nausea and a tendency to hysteria. *Treatment* is generally of no avail, though in time recovery may take place. If the ovaries be prolapsed, they may be sustained by a light *ring pessary*; and if the displaced uterus press upon them, it should be kept in position. At the same time *anodynes*, *Brom* (p. 24) etc., and *counterirritation* (409); with *vaginal injections* if necessary (358 et seq.). Sexual intercourse should be limited.

OVARIAN TUMORS are either solid (*fibroma*, *carcinoma*), or cystic (*cysto-fibroma* or *sarcoma*, *cysto-carcinoma*, *dermoid cysts*, *ovarian cysts*, and *cystomata*). They must not be confounded with pelvic cysts, which closely resemble them, nor with other abdominal enlargements. *Treatment—Ovariectomy* if practicable, constitutes in most cases the radical cure—it is the last resource and generally the only one left. In ovarian dropsy *tapping* (p. 144) may be resorted to, either through the *linea alba*, midway between the *symphysis pubis* and *umbilicus*, or through the *linea semilunaris*, according to the position of the most depending part of the tumor, or *per vaginam*, if it has descended so far, that fluctuation may be recognized there. Previous to the operation a broad bandage should be placed around the abdomen—if the patient be in the sitting posture—and tightened in proportion as the fluid escapes, to give support to the abdomen; but especially to prevent syncope from too sudden a passage of blood from the brain. If the *linea alba* is chosen for paracentesis, the bladder must have been evacuated; and care has to be taken not to thrust the trocar

into a plexus of veins, which is not uncommon on the abdominal surface—the engorgement being produced by obstructed circulation,—or the intestines, which might intervene between the abdominal wall and outer surface of the ovary—to be readily ascertained by the *absence of resonance* on percussion. In choosing on the other hand, the *linea semilunaris*, the *epigastrie artery*, which passes obliquely upward toward the umbilicus, and the pulsations of which generally can be made out, is to be avoided. In case the *vagina* should be preferred, a curved trocar has to be introduced into that organ, along the finger;—and the ovary penetrated just behind the *cervix uteri*, taking care to direct the instrument as it enters the tumor, upward, in order to avoid injury to either the uterus or rectum. The end of the canula must be left in the ovary, and so fastened as to allow the free escape of the fluid. Afterwards an embrocation of *Digitalis* (413) to the abdomen with a view of increasing diuresis, and occasionally *Gamboge* (p. 91) to regulate the bowels. Sometimes a tumor may be found in the triangular fossa between womb and rectum, too small to detect fluctuation. *Six leeches* applied to the tumor, either in the iliac fossa or in the vagina once a fortnight in conjunction with *salines* (p. 95); and a *nitric acid issue* upon the side of the sacrum, may not only check the growth, but diminish its size. *Patting* the tumor with the fingers several times a day, and internally *muriate of lime* is said to reduce it also.

OXALURIA. See Urinary Deposits.

OXYURIS VERMICULARIS. See Helminthiasis.

OZÆNA. See Nose.

PALPITATION. See Heart.

PALSY, SHAKING. See Tremor; for *Palsy of the tongue*—Paralysis of the ninth nerve, page 337.

PANARITIUM. See Onychia.

PARALYSIS, which may affect both, sensory and motor nerves, signifies more or less loss of either, sensibility or of voluntary motion. Complete loss of sensibility is *anæsthesia*; but if the sensibility *to pain* be only lost, whilst, with regard to the *other impressions*, as heat or cold, it remains normal, it is called *analgesia*—as may be observed sometimes e. g. in disease of the spine or lead poisoning. Again, paralysis of motor nerves (*akinesis*) is paralysis *par excellence*, if complete; but if the power of motion be only impaired, it is called *paresis*. The various forms of paralysis are either functional, or they are due to inflammatory or structural lesions, which, if situated in the brain or spinal cord, are known as *central*; if without, *peripheral*. In the former reflex and electrical excitability are preserved, whilst in the latter they are soon lost, and the affected muscles rapidly become atrophied. *Hemiplegia* is unilateral, the paralysis affecting the side *opposite* to the one of the brain, in which the lesion is seated. If functional, it may be hysterical, or follow neuroses as epilepsy, chorea and the like, even mental excitement, and will generally disappear in a few days.

*Paraplegia* is mostly a consequence of spinal disease, the lower extremities being paralyzed, if the lumbar portion be affected; whilst a disease higher up in the cervical portion will involve the upper extremities. Functional paraplegia is the most frequent form of hysterical paralysis, as it often stands in causative relation to diseases of the uterus and ovaries.

*Acute Ascending Paralysis* is characterized by paresis, beginning in the feet, becoming gradually complete paralysis, and extending successively over the whole limbs, the trunk and upper extremities. The respiratory muscles become affected, producing dyspnœa, followed soon by those concerned in speech, mastication and deglutition; but the bladder and rectum are not involved, and the intellect remains intact. The disease, the etiology of which has yet to be found out, proves generally fatal in a couple of weeks. *Treatment*—Aside from sustaining nourishment in conjunction with *alcohol* (p. 72); *galvanism* (p. 148) or the *wet pack* (420); or *Strychnine* (184) and *Iodine* (p. 14).

*Bulbar or Glosso-Labio-Laryngeal Paralysis*, being due to morbid changes in the *medulla oblongata*, eventuating in atrophy and the disappearance of motor ganglion-cells in this situation, is always chronic, and frequently combined with progressive muscular atrophy. It is characterized by progressive diminution of voluntary power over the tongue and the muscles of the palate and lips, so that speech becomes impossible, deglutition more and more difficult, food and drink being often returned through the nostrils; whilst the face assumes an expression, as if about to weep. By degrees the laryngeal muscles become paralyzed, causing aphonia; and paresis of the muscles of respiration may soon follow. *Treatment* is as hopeless as in the preceding disease. *Electricity*, *Argentum* (160); *Phosphor* (189); *Iodine* (p. 14); *Belladonna* (p. 23); *Ergot* (p. 78) are generally employed. When deglutition becomes very difficult, good nutrition, which is of most importance, must be accomplished by means of an œsophageal tube (297) or *per rectum* (387).

In the acute form caused by embolism or thrombosis of branches of the vertebral arteries going to the medulla oblongata, or of hemorrhage in this situation, a successful treatment has better chances.

*General Paralysis (Dementia paralytica)*—The paralysis of the insane is a structural affection of the brain characterized by an incomplete paralysis—hence, also called general paresis—and associated with extravagant delusions leading to more or less complete dementia. It is supposed to be due to moral shocks, as loss of friends, bankruptcy, remorse, etc., however it has been attributed also to intemperance. *Treatment* can be but palliative, and as proper attention to diet and hygiene are of most importance, an asylum for the insane is perhaps the best place for its execution. The *Calabar bean* (256) has been recommended.

*Spinal General Paralysis*—Exclusive the paralysis of the insane, general paralysis is spinal, and if functional, it may be connected with hysteria, or it may be due to cold, exhaustion, etc.; sometimes it is a sequel of diphtheria. The muscles of all the limbs may be simultaneously or successively affected; and the paralysis may be complete, or there may be different degrees of paresis, with or without anæsthesia. If there is insanity, it is accidental; and the facial muscles are not affected. Recovery may take place in a few days, but generally it takes many months. The *treatment* of functional paralysis involves a due regard to anæmia and exhaustion, or cystitis, phymosis and other local diseases suspected to stand in causative relation by means of reflex action or otherwise. Aside from this, *electricity* (p. 148), *massage* and frictions with *stimulating embrocations* (409)

may be tried. Above all, passive movements, in complete, and daily exercises of the paralyzed muscles in incomplete paralysis. Sometimes *douches* of alternately cold and warm water (420) are useful. Of drugs may be mentioned: *Strychnine*, *Phosphor*, *Sabina*, *Ergot* (p. 69); *Iodine* (p. 14); *Mercury* (p. 93).

*Spinal Paralysis* from acute inflammation of the anterior gray substance (*anterior poliomyelitis*) is especially incident to childhood, and characterized by a sudden fit of fever, accompanied by a pain in the spine and extremities, by more or less vertigo, somnolence or coma—sometimes by convulsions—and followed invariably by paralysis, which at first is mostly confined to one extremity, though sometimes attacking not only the others, but also various muscles of the trunk, without however involving sensory nerves. In adults, the cerebral symptoms, which accompany the initial fever are less marked, and the paralysis, as a rule, is less obstinate, though those muscles which do not improve at all, become rapidly atrophied. As a number of deformities will result from this disease in case the paralysis be permanent, e. g. short limbs, clubfoot, a judicious treatment is all important. If the affection be soon enough recognized, the indications are those of acute myelitis: *Purgatives* (p. 88) in conjunction with *cupping* or *leeching* and *cold applications* to the spine; or *dry cupping*, *blisters* (408) and *mercurial ointment* according to the degree of inflammation. Internally, *Ergot* (p. 78); *Belladonna* (p. 23); *Iodine* (p. 14), etc. Later, the *galvanic current*, (p. 148), if continued steadily for some time *may* restore the motor power of the paralyzed muscles, even if their susceptibility to the Faradic current *have been lost*. The

*pack* (420) or *massage* are sometimes useful. In the rest, invigoration of the constitution with *tonics* (p. 69).

*Atrophic Spinal Paralysis*, due to chronic anterior poliomyelitis, is characterized by a more gradual development of paralysis, combined with progressive atrophy; and though the irregular distribution of the paralyzed muscles is analogous to that of the acute form, complete recovery is here more likely. From progressive muscular atrophy it is distinguished by the fact that paralysis precedes the atrophic degeneration of the muscles, in the former the reverse taking place.

*Spasmodic Spinal Paralysis*, called also *Primary Lateral Sclerosis* on account of the induration, which causes it, affecting the lateral columns of the cord, is characterized by tremor, stiffness, and spasmodic twitchings in addition to the paralysis, with a peculiar *hipping gait*, the feet touching the ground only with the toes, as it were, whilst the body is bent forward as if about to fall. This spastic gait is distinctive, as contrasted with *purely* paralytic or ataxic gait (lateral sclerosis is often combined with posterior spinal sclerosis—see Ataxia). *Treatment* is like that of other sclerotic affections, *galvanism*, *hydropathy* (pp. 146—149), etc. *Strychnine* is contra-indicated.

For *Paralysis agitans*, see Tremor.

*Paralysis from Lead*, which is usually preceded by lead-colic, may be general, but as a rule only the extensors of the upper and lower limbs are affected, the former being characterized by palsy of the hand, known as *wrist-drop*; the latter by dropping at the ankle. The *treatment* has for object the elimination of the poison. *Iodine* (p. 14) etc., see Enteralgia. For the paralysis is



indicated the *Faradic current* and *Strychnine* (184). *Paralysis from Mercury* is always preceded by mercurial tremor and salivation; and that from *Copper* by gastro-duodenitis.

*Paralysis of the third Nerve* is characterized by ptosis, diverging strabismus, protrusion of the eyeball, and dilatation of pupil; and unless connected with cerebral disease, may be due to cold, or over-exertion, or to injury near the eye. If the paralysis is limited to the upper branch of the *oculo-motorius*, ptosis exists without strabismus or dilatation of pupil; if, on the other hand, the inferior branch alone be affected, there will be strabismus and dilatation of pupil, without ptosis—in either case it will probably be peripheral. *Paralysis of the fifth Nerve*, if accompanied by symptoms denoting brain disease, is central; peripheral paralysis—the cause of which, though extra-cerebral may be intra cranial—is generally characterized by ulceration of the cornea, with redness and swelling of the face. The motor portion of the *trigeminus* may be affected either separately or in conjunction with the sensory divisions. Bilateral paralysis of the motor portion occurs in cases of bulbar paralysis. If the motor or third division alone is affected, there will be loss of masticating power. If the different sensory branches, (the ophthalmic, the superior and inferior maxillary) be affected separately, the loss or impairment will be confined to the portions of skin and mucous membrane supplied by the branches of the paralyzed division. *Paralysis of the sixth Nerve*, which is characterized by converging strabismus, occurs sometimes in cases of cerebral meningitis and in connection with lesions giving rise to hemiplegia. If functional, it may be due to neuro-



tis or to syphilis. *Paralysis of the Motor portion of the seventh pair (Mimetic or Bell's Paralysis)*, if bilateral—*diplegia facialis*—is characterized by immobility of the whole face, just as if it was covered by a mask. If unilateral, only one side is immovable, which contrasts strangely with the sound side, especially in talking or smiling; or when the cheeks and lips of the *affected side* are puffed outward by each expiration, as sometimes will be the case. *Facial paralysis* accompanied by paralysis of the *abducens* denotes a central lesion, these nerves arising both in the floor of the fourth ventricle. The absence of reflex movement is evidence that it is peripheral: If winking be not produced by touching the eyeball; the sensibility of the latter being preserved, it is peripheral; but if the eye be closed *involuntarily* by touching the conjunctiva, when the *voluntary* power is lost, it is central. In cases of facial paralysis dependent on neuritis caused by cold, or when it is functional, recovery may take place in a few weeks. If it continues for 2—3 months without improvement, it is probably not functional; but if not dependent on central lesions, it proceeds from either disease of the nerve or something pressing on it, that occasions obstruction. *Paralysis of the eighth Nerve* affecting sometimes the pharynx as a sequel of diphtheria, is limited to that division, called glosso-pharyngeal; in conjunction with paralysis of the *par vagum*, it occurs in various cerebral diseases, which produce deep coma, causing difficult deglutition with slow respiration, and preceding a fatal termination. *Paralysis of the ninth Nerve (Palsy of the tongue)* on both sides is incident to bulbar paralysis, and characterized by inability to articulate,

and protrude the tongue. If the *hypoglossus* be affected on one side, the tongue, when protruded will deviate from a straight line, its apex pointing to the side of the seat of the paralysis.

PARAMETRITIS. See Uterus (Cellulitis).

PARAPHIMOSIS. See Penis.

PARAPLEGIA. See Paralysis.

PARAPROCTITIS. See Proctitis.

PARKINSON'S DISEASE. See Tremor.

PARONYCHIA. See Onychia.

PAROTITIS or MUMPS is an infectious and contagious disease, being due to some specific poison and occurring sometimes epidemically. It is characterized by an inflammatory swelling of the parotis and surrounding connective tissue, associated usually with headache, fever and general malaise. Occasionally the submaxillary glands are involved; and in severe cases delirium and other cerebral symptoms may be present. As a complication of typhus, pneumonitis, etc., suppuration mostly takes place. *Treatment*—The idiopathic form requires, aside from a bland diet and *purgatives* (p. 88), *soothing fomentations* in conjunction with *anodynes* (p. 20), if the pain be considerable. In severe cases, *leeches*, and *Mercury* (p. 13) in alterative doses.

PARULIS (Gumboil). See Mouth.

PARTURITION. See Labor.

PATHOPHOBIA. See Hypochondriasis.

PENIS—*Phimosi*s is a constriction of the orifice of the foreskin, so that the glans cannot be uncovered without difficulty, if at all, and is either congenital or caused by contracted cicatrices. The radical cure consists in circumcision or slitting. In the former, the end of the

foreskin should be drawn out, and being held between the blades of a pair of forceps, cut straight off; after which the mucous lining of the foreskin must be cut up to the corona, so as quite to uncover the glans. In slitting, a director may be introduced between the glans and prepuce, and a curved pointed bistoury passed along the groove. In the adult, 4 or 5 sutures should be made through the margin of the incision, so as to draw together the edge of the skin and of the mucous lining of the prepuce, that they may unite by adhesion. *Cocaine* (330) may be used as anæsthetic. *Paraphimosis* is said to exist when a tight prepuce is pulled back over the glans, constricting it, and causing it to swell. Generally it is the result of inflammation following impure connection. *Treatment*—The glans well oiled, and covered with a bit of lint is compressed with the fingers of one hand, so as to squeeze the blood out of it, whilst the prepuce is drawn forward with the other. If this should fail, the constricting part of the prepuce must be divided.

PERICARDITIS. See Heart.

PERICHONDritis (LARYNGEAL) is an inflammation of the tissues immediately surrounding the laryngeal cartilages; generally suppurative, culminating in necrosis of the cartilage, and as a rule, the result of phthisical and syphilitic ulcers.

PERIOSTITIS. See Syphilis.

PERITONITIS—An inflammation of the serous membrane lining the cavity of the abdomen and covering the abdominal viscera, is exclusive the idiopathic form from cold, due to a variety of causes, e. g., to perforation of the intestines, inflammation of the female generative organs, especially during childbed, or to the discharge

of pus, etc., from whatever cause, into the peritoneal cavity. The acute form is generally characterized by severe pain and great tenderness over the abdomen with tympanites and considerable pyrexia (the tympanites, in consequence of paralysis of the muscular coat of the intestine may be so great as to produce dyspnœa accompanied by cyanosis). The expression of the face looks haggard and pinched, the *upper lip if elevated and drawn tightly over the teeth, is pathognomic*. There is, as a rule, extreme prostration and sometimes obstinate singultus. On the other hand the disease may be perfectly latent or the local symptoms altogether obscured by the presence of some other affection. The chronic form being characterized by exudation, if following acute, may be like the latter, idiopathic, and develop insidiously; but usually it is secondary to tuberculosis, ascites, and similar diseases. *Treatment*—Locally, *turpentine stupes, simple fomentations* or *cold compresses* every few minutes, whatever most grateful to the sufferer; and *Morphine* (pp. 36 & 37) internally, taking care to avoid narcotism. Cathartics ought not to be given, even if constipation should last for a week or more—an accumulation of feces may be removed by simple *enemata*. *Quinine* (p. 11) or *Aconite* (p. 22) according to the severity of the fever. *Chloral, Conium, or Hyoscyamus* (60, 64 & 73) according to circumstances. *Alcohol* (p. 72) as support. In the chronic form the co-existing or causative disease requires attention. *Pelvic Peritonitis*, which may be caused by inflammation of adjacent parts—peri-uterine cellulitis, endometritis, ovaritis—; by parturition or abortion, gonorrhœa, uterine colic, etc., etc.; even by the use of tents, the uterine sound or injections into the uterus is char-

acterized by all the symptoms, which mark general peritonitis, only the slighter degree of severity and the localization of pain and tenderness pointing to the partial nature of the affection, excepting some cases, in which mental alienation occurs, as this will occasionally develop into absolute insanity. At the same time there may be felt a swelling in the recto-vaginal space or at the side of the uterus, which latter will be more or less fixed and displaced. If there be formation of pus, the sense of tumefaction or fluctuation may disappear, as this discharges itself; but if the effused lymph become organized, it remains hard for a long time. Exclusive the fixation of the displaced womb, the inflammation may result in abscess or atrophy of the ovaries, or obliteration or dropsy of the *Fallopian tubes*, followed as a matter of course by menstrual irregularities and sterility. *Chronic Pelvic Peritonitis* accompanies generally tuberculous or uterine disease; becomes sometimes aggravated at the periods of ovulation; or may recur after long intervals of absence, from the most trivial cause, appearing and disappearing often for years. *Treatment* of the acute form as indicated in general peritonitis, *Morphia* until perfect ease be obtained; and the bladder ought to be emptied by the *catheter* (p. 125). In the 2d stage, where lymph has been the chief, perhaps the only, product of inflammation, *Tinct. Jodi* may be painted over the hypogastrium once a day for a few weeks. In chronic cases, *tonics* are the remedies, especially *Ferrum cum Jodo v. Bromo* (19 & 176); and sexual intercourse should be forbidden. If in spite of the sero-purulent collection the patient be doing well, it should be left to empty itself spontaneously, else it must be evacuated by *aspiration*,

after which the sac has to be washed out with a weak solution of *Phenol* or *Tinctura Jodi* in warm water.

PERITYPHLITIS. See Typhlitis.

PERNIONES (*Frostbite, Chilblains*). In consequence of severe cold a stagnation of blood in the veins is produced in the affected part, which assumes at once a dull purplish-red color. Soon, however, the blood is expelled by the contraction of the tissues, and the part becomes pale, motionless and insensible. This condition is called a frostbite, and the best remedy is rubbing the frost-bitten part with snow, which after a time may be replaced by cold water (see page 3). Chilblains show, like burns, three degrees: 1st, redness and swelling with itching; 2d, vesication, the skin around being bluish or purple; 3d, ulceration or sloughing—gangrene will result if cold be applied continuously. The *treatment* of chilblains of the first and second degree consists in friction with *snow, cold water* and stimulating liniments, *Terebinthina, Phenol* or *Acid. nitric.* (406 & 409), *Mercury, Copaiva* (404 & 405), etc. For ulcerating frostbites, *Quebracho* (see Combustio, page 194).

*Pertussis*—*Hooping* or *Whooping Cough* is an infectious disease, incident chiefly to childhood, and characterized by a paroxysmal cough, preceded for some days by a common cold, with more or less fever. The fits of coughing occur in numerous, short, rapid and spasmodic movements, followed by a prolonged sonorous-sounding inspiration, and expectoration of mucus, or occasional vomiting. The *treatment* has to be directed mainly to the neuropathic element: *Brom* and *Belladonna* (43, 46, 51, 130 & 312); *Coccionella, Hyoscyamus*, or *Alum* (62, 73 & 132); *Acid. nitr.*, or *Picrin* (89 & 94); *Phenol*

or *Cocaine* (302 & 318) as inhalation, etc. *Cerium* (p. 29) is frequently of service; and *fumigations of Sulfur* (417) are said to be specific.

PHAGEDÆNA is a severe ulceration, in which copious exudation and infiltration go hand in hand with rapid decomposition. It is accompanied either by acute inflammation and fever, the margin of the sore being highly painful, swelled and red; or by atony and debility, the margin being pale, flabby and livid. Generally, it is due to a constitutional disease; and if affecting the mouth or genitals of children, it is called *cancreum oris and noma*, and if sloughing, it is known as *hospital gangrene*. *Treatment* embraces *soothing* and *antiseptic* applications with proper attention to the constitutional disease. See Gangrene.

PHARYNX—For removal of *foreign bodies* in the throat, see Œsophagus.

*Pharyngitis acuta* is an inflammation of the mucous membrane of the fauces extending upward—sometimes reaching the posterior nares—, and more or less downward. If low down, and the larynx not affected, there is painful deglutition; and a disposition for continued acts of swallowing, in conjunction with a peculiar cough, which, produced by a forcible current of expired air being brought to bear on the pharynx, has a remarkably deep and rough sound—the so-called throat cough. Sometimes the inflammation involves the tonsils and *Eustachian tubes*, causing more or less deafness, (throat deafness). *Treatment*—Aside from *aperients* (p. 88); *fomentations*, *cold compresses* or *Acid. acet.* (294 & 298) to throat; and as gargles, *Nitre* or *Capsicum* (300 & 301). At the same time *Aconite*, *Antimony* or *Kali chloricum*



(pp. 23 & 55) as required. The chronic form (*Catarrh par excellence*) is very obstinate, and presents frequently a granulated appearance at the posterior wall of the pharynx—*granular* or *follicular pharyngitis*. As long as the inflammation is limited to the fauces, there are no particular symptoms; but generally the larynx will become slightly affected, so as to give rise to a dry hacking cough, and a little hoarseness, especially after much talking; hence it has been called the “Clergyman’s sore throat.” The *Treatment* consists in *tonics* (p. 70); *Iodine* (14 & 18); and topical applications: *Argenti Nitras* (288 & 309); *Potasii Chloras*, or *Tannin* (299, 300 & 303); *Ammonii Chloridum*, *Ferri Chloras*, *Brom*, *Jodum* (306, 313, 320 & 321), etc.

*Retropharyngeal Abscess*—An inflammation of the areolar tissue between the mucous membrane of the pharynx and the vertebral column, culminating in suppuration, and characterized by severe pain, especially during deglutition. It is generally a consequence of caries of the cervical vertebræ. The *bistoury*. Sometimes the abscess may be opened with the nail of the finger.

PHIMOSIS. See Penis.

PHLEBITIS—Inflammation of a vein is characterized by a red, hard, and cord-like line, tender to the touch, and occasionally accompanied by sick headache and feverishness. The idiopathic form is frequently a consequence of varicose veins, and is in that case most marked in the superficial veins of the leg or thigh, the *saphena* and her tributaries. *Treatment* consists aside from rest, in *fomentations* and *purgatives*, followed by *acid tonics*, *Iron* and *Quinine* (pp. 71 & 76); or *Iodine* (p. 14); and *blisters* along the course of the vein (408). The traumatic form



requires, moreover, *poultices*, *early incision* of abscesses; *Opium* (p. 35), to relieve pain, and a generous diet. Rest after a wound, so as not to disturb the coagula, is just as important as are proper local applications, to prevent access of air, and produce firm coagulation. See note on page 139.

PHILEGMASIA ALBA DOLENS—Milk-leg or swelled leg consists essentially in inflammation of the crural or iliac veins, occurring especially in women after delivery, and dependent on their reception of poisonous fluid, having its source in the fetid discharges of the uterus, which infect the open veins of the organ. It is characterized by a most excruciating pain along the thigh, leg and foot, accompanied by a white, shiny swelling, tenderness on pressure, and enlarged lymphatics. Milk and lochia usually diminish, and in severe cases there will be suppuration. *Treatment*—*Turpentine stupes* or *leeches*; *Opium* (p. 35), if much pain, and a *purgative* (p. 88) if required. See Septicæmia. After the acute stage, *diuretics* (p. 40) with *stimulating* frictions (409), and *bandaging* the limb from the toes upward. All lowering measures are hurtful. See Puerperal Fever.

PHILEGMON. See Abscess.

PHOSPHURIA. See Urinary Deposits.

PHOTOPHOBIA. See Eye.

PHTHISIS PULMONUM. See Lungs; *Laryngeal Phthisis*—Larynx.

PHYSOMETRA. See Uterus.

PICA (*Longings*)—A perversion of appetite, consisting in a craving for innutritious substances, as chalk, charcoal, etc., peculiar to pregnant and hysterical women. See Malacia.

PILES. See Hæmorrhoids.

PIMPLES (Acne) and PITYRIASIS. See Skin.

PLACENTA PRÆVIA is called the attachment of the placenta to the uterine wall just over the *os*, so that it may be felt overlying the latter like a spongy mass, and occasioning already weeks before the term flooding on account of the dilatation of the cervical canal. (See Hemorrhage). If bleeding persist, premature labor must be induced. When after 10 or 12 hours the *os* is sufficiently dilated by a tampon, detach the placenta as far as necessary; get hold of the child's feet, and deliver as soon as possible, taking care to immediately afterwards remove the placenta altogether; and make the uterus contract. Or, puncture after the removal of the tampon the membrane through the placenta with a male catheter, and slowly draw off the *Liquor Amnii*. The head will now come down and may act like a compress on the bleeding vessels. If not, introduce the finger and detach the placenta all around the *os* as far as you can get. If flooding still continue, a warm styptic solution of *iron* should be injected between the detached portion of the placenta and the uterine surface by means of a flexible gum catheter attached to a syringe.

PLEURITIS—Pleurisy is an inflammation of the pleura, characterized, like pneumonia, by three stages. It is generally ushered in by a chill and a sharp pain, of a lancinating character in the side of the chest, which in deep inspiration cuts the breath, increasing soon to such an extent as to make respiration very rapid and superficial. At the same time there is a dry, short cough, dyspnœa and frequently high fever. Auscultation will reveal the pathognomic friction murmur. The acute

symptoms subside to a certain degree when effusion takes place, producing more or less immobility of that side of the chest and disappearance or even bulging of the intercostal spaces, whilst the movements of the opposite side are proportionally increased. After absorption, as shown by vesicular breathing and vocal resonance extending to the base of the chest, considerable dulness remains for some weeks. *Treatment*—In the first stage, aside from a *saline cathartic* (p. 96), and *Opium* (p. 35), for relief of pain and cough, *sedatives*—*Aconite* (p. 22), especially with *Nitre* (p. 55), are indicated. Locally, *fomentations*, *Turpentine stupes* or *cold compresses* (an ice-bladder is very convenient). *Leeches* or *cups* are sometimes of service. After effusion has taken place, *hydragogues* and *diuretics*—*Elaterium*, *Potassa*, *Digitalis* (205 & 220 & 123), and *Iodine* as sorbefacient. A generous diet with restriction in liquids; and if necessary, *tonics* (p. 70), and perhaps *alcohol* (p. 72). *Chronic Pleuritis*, though following sometimes the acute form, is generally subacute from the first, and, unless like the latter, due to cold or trauma, a sequel or concomitant of other diseases. As a rule it is developed imperceptibly, pain and other subjective symptoms either wanting or but slight; whilst the existence of an effusion is well pronounced. There are, however, cases in which the presence of liquid can be only demonstrated by exploration. A hypodermic syringe with a strong needle will answer very well for an exploring puncture, and should be resorted to in all cases of pleuritic effusions to ascertain its character, the more so as it is perfectly harmless. *Treatment* is the same as indicated in acute pleurisy after exudation having taken place; un-

less aspiration be preferred. A small trocar and a canula, provided with a stop cock and fitted to a screw upon the flexible suction-tube of Davidson's syringe may be used for the withdrawal of the liquid, care being taken that it is done very slowly, and suspended altogether if it give rise to cough or dyspnœa. In *Circumscribed Pleurisy*, which is usually secondary to some pulmonary affection, as phthisis or pneumonitis, and differing from general pleuritis in not giving rise to effusion, medication is rarely required. *Empl. Bell.* (411) applied to the painful part is generally useful.

*Suppurative Pleuritis, Empyema or Pyothorax* is a variety of both acute and chronic pleuritis, with essentially the same symptoms, the only difference being that the effused liquid, instead of being sero-fibrinous, is composed of pus—hence the more serious character of the disease. It may be suspected, if in spite of hydragogues and diuretics, the effusion continues to increase; on the other hand, the appearance of a fluctuating tumor is diagnostic in as much spontaneous perforation of the walls of the chest is sure to occur sooner or later, unless perforation of the lung takes place, (when the pus, finding its way into the air passages will be expectorated, constituting, on account of the access of air into the pleural cavity, *pneumo-thorax*). *Treatment—Aspiration* as in chronic pleuritis, especially if the lung has been perforated. If, however, this operation repeatedly performed should not suffice, *thoracentesis* must be resorted to. This has to be done at the bottom of the pleural sac, so that the pus may escape freely, and the orifice should be kept open by the introduction of an oakum tent. The cavity should be, moreover, daily cleaned

with *Aqua phenylata*, (1 %) injected by means of Davidson's syringe, to which has been fitted a double-tubed catheter. Half a drachm or one drachm of a solution of *Naphthol* in alcohol and water, in the proportion of 3: 16 + 32, as intra-pleural injection, is said to have proved very efficient, if employed twice a day.

*Pleuritis with Pneumothorax* (*Pneumohydro-, Pneumopyo-, or Pneumo-hamathorax*) denoting the presence of air and liquid in the pleural cavity, may develop quite imperceptibly and remain even latent; generally, however, perforation of the lung is characterized by acute pain, severe dyspnœa with accelerated respiration and more or less lividity of the face. Pathognomic of the presence of air and liquid are the *amphoric breathing and voice with a tinkling and splashing sound upon succussion*. Aside from being due to trauma, or a consequence of suppurative pleuritis (see same), it occurs in connection with phthisis—occasionally it is produced in certain cases of circumscribed pulmonary gangrene. **Treatment:** *Opium* (p. 35), *soothing* applications to the chest, and *ethereal* preparations (410 & 411), are indicated as palliatives. The chest may be punctured to relieve the dyspnœa arising from dilatation of the affected side. Aside from this, *tonics* (p. 69), with a generous diet and *alcohol* (p. 72).

*Pleurodynia*—A rheumatic affection of the muscles of the chest, which is, however, to be discriminated from intercostal neuralgia. Both are characterized by pain, cough and other symptoms pertaining to pleuritis or pneumonitis, but they want the physical signs of those diseases. Moreover the rheumatic pain is, as a rule, more marked in movements of the body than in the

respiratory movements. *Treatment* as indicated in myalgia—*fomentations* or *Empl. Bell.* (411), are sometimes of use; and if from uterine irritation *Cimicifuga* (p. 47) may do some good.

PNEUMONITIS. See Lung.

PNEUMORRHAGIA. See Hemorrhage from the lungs.

PNEUMOTHORAX—Presence of air in the pleural cavity, without pleuritis (see same), is generally connected with emphysema, and characterized by obliteration of the intercostal spaces and amphoric respiration, attended with deficiency of breath on exercise, and an occasional sharp pain in some part of the chest. *Treatment*—As the perforation will heal up without particular medication, a puncture of the chest is not advisable. *Soothing* applications (410 & 411) are sometimes beneficial.

POISONING. See Table of Poisons, (p. 3). *Poisoned Wounds*—Wounds.

POLIOMYELITIS. See Paralysis (spinal).

POLLUTIONES NOCTURNAL. See Impotenz.

POLYDIPSIA signifies an excessive craving for liquids. *Polyphagia* (*bulimia*) a craving for food.

POLYURIA—*Hydruria* is called a morbid excess of water in the urine, and increase of the latter. A symptom occurring in various cerebral and renal diseases. See Diabetes.

*Polypus* signifies any sort of pedunculated tumor, be it of a warty or epithelial, cystic, hydatid or mucous character. Occasionally they are composed of granulations, as the common aural polypus. The most frequent is the mucous polypus, which is very vascular; and the common gelatinous variety, which is of the consistence of a jelly, slightly streaked with blood vessels and attached

by a narrow neck to the mucous membrane. Fibrinous clots attached to the interior of the heart are sometimes called polypi. For their *treatment* see the various organs where they are developed—Uterus, Nose, etc.

*Porriço.* See Head, (Tinea favus, capitis, and tonsurans).

PREGNANCY—*Being in the family way* is called in a woman the time of gravidity: from the time of conception (reckoned usually as the cessation of the catamenial flow) until the time when the expulsion of the contents of the gravid uterus takes place. It is characterized in the course of the first month by a more or less elevated temperature of the vagina, sponginess of the cervical portion of the uterus, the transverse opening of the *os* changing into a more circular form, and occasionally an umbilical pain. Moreover the womb is descending for the first six weeks of gestation. After two months the mammæ will become somewhat sensitive, the areola around the nipple becoming puffy and of a darker hue; and four weeks later the womb will be found already as a hard tumor slightly above the *os pubis* in front, and its rhythmic contraction may be felt at intervals of from 5—10 min. by placing the hand lightly over it. When the term is half expired ( $4\frac{1}{2}$  months), the first movement of the foetus will be felt by the mother: The time of quickening. Now the question of gestation can be settled affirmatively by the *bruit placentaire*, the pulsations of the foetal heart, and the passive movement—*ballottement*. Aside from any disease which may occur during the time of pregnancy, there are certain affections peculiar to this state, as vomiting or morning sickness, dysuria, œdema, etc., etc. *Treatment* of dys-



uria: If owing to displacement of the uterus, as ante- or retroversion, the position must be corrected. If due to pressure of the gravid uterus upon the neck of the bladder, the catheter (p. 125). If from any other cause *Strychnine* or *Camphora* (pp. 27 & 83) see Bladder. In œdema associated with albuminuria, *Calomel* (210); afterwards *Quinine* (166). See Anasarca. If diarrhœa be due to a peculiar condition of the ganglionic system, *calming enemata* (381). Vaginitis, even granular, should be treated only by frequent injections of *warm water* (358), especially in nervous women. See Leucorrhœa. For the treatment of morning sickness, constipation and diarrhœa, see Vomiting, etc.

*Pregnancy. Extra-uterine*—Ectopic gestation, if it can be positively diagnosed, may be successfully treated by the *Faradic current* (p. 150); after rupture, *laparotomy* will be indicated.

PREMATURE LABOR. See Labor.

PRIAPISMUS—More or less permanent erection and rigidity of the penis *without* concupiscence, in contradistinction of satyriasis and due to irritation of some kind. It is an occasional symptom of leucocythæmia, myelitis, peritonitis and some other diseases.

PROCIDENTIA UTERI. See Uterus.

PROCTITIS AND PARAPROCTITIS—Inflammation of the rectum and surrounding connective tissue, which may simulate dysentery, as regards the presence of mucus and blood in the dejections, together with tenesmus, is either due to piles, fecal impaction etc., or a consequence of some inflammatory process in the adjacent parts. On introducing the finger into the rectum, a hard, painful tumor may be felt, which may suppurate and ultimately

produce a fistula. The *treatment* consists in the removal of the cause.

PROFUSE MENSTRUATION (Menorrhagia). See Hemorrhage from the Uterus.

PROLAPSUS ANI. See Anus; *Prolaps. Vesicæ*—Bladder; *Prolaps. Urethræ*—Urethra; *Prolaps. Vaginæ* and *Uteri*—Vagina and Uterus.

PROSOPALGIA. See Neuralgia (trifacial).

PROSTATE—*Acute Prostatitis* is generally a consequence of gonorrhœa; but it may be due to stricture, calculus and other sources of irritation. It is characterized by a throbbing pain about the neck of the bladder, tenderness and swelling of the gland on examination *per rectum*, in conjunction with painful and frequent micturition. In case of suppuration, the gland will present a tense, fluctuating tumor, and rigors followed by high fever will set in, with violent straining and futile efforts to urinate. *Treatment* embraces rest, *fomentations*—*leeches* if necessary — with *Morphium* and *Bell. suppositories* (375); or *enemata* with *Opium* (381), and the *catheter*. If an abscess form, this may be opened from the rectum, with a long narrow-bladed knife, cutting only at the point, unless it burst into the urethra. *Chronic Abscess*, which is an occasional consequence of tuberculous deposit from scrophula, may be suspected, if rigors follow the symptoms of inflammation, and the gland be felt as an elastic enlargement, tender to the touch. It should at once be punctured through the rectum, unless it has already opened there or in the urethra. At the same time *tonics* (p. 69) will be advisable. *Chronic Inflammation* with enlargement from interstitial deposit may be a sequel of the acute, and should be treat-

ed according to circumstances, by *hot baths*; *Buchu*, *Par-eira* and *Cantharis* (pp. 47 & 52) or small doses of *Mercury* and *Iodine* (p. 12).

*Hypertrophy*, consisting in an enlargement of the muscular structure, and incidentally of the glandular elements, is almost peculiar to advanced life, and characterized by difficulty in making water, sense of weight in the perineum and tenesmus as from internal piles, with occasional fits of complete retention of urine, which may be brought on by cold or excess in venery. In proportion as the obstacle increases, the bladder remains distended, whilst the urine continually dribbles away, and chronic cystitis is the consequence, which sooner or later is followed by disorganization of the kidneys. Aside from the introduction of a *catheter* at regular intervals, in order to get rid of the residual urine and the prevention of constipation, the irritation of the bladder must be alleviated (see same); whilst occasional fits of pain or congestion must be treated by *leeches* and *hot baths* in conjunction with proper diet.

PROSTRATION. See Debility.

PRURIGO. See Skin.

PRURITUS ANI, see Anus; *Pruritus pudendi*—Vulva; *Pruritus of skin*—Skin.

PSEUDO-LEUCOCYTHÆMIA. See Leucocythæmia.

PSORIASIS. See Skin.

PTERIGIUM. See Eye.

PTOSIS. See Paralysis of third nerve.

PTYALISM (*Salivation*, *Sialorrhœa*)—An excessive secretion of saliva may be due to a variety of causes, especially to catarrhal affections of mouth and fauces, or of the alimentary canal, even of the organs of gener-

ation. Sometimes pregnancy is the cause, and sometimes influences of a purely psychical nature will give rise to it. The most violent form of salivation is generally a consequence of the use or abuse of mercury. For the treatment see Mouth (Stomatitis ulcerosa).

PUERPERAL FEVER is an infectious and contagious disease, produced, for the most part, by micrococci, which result from infection of the uterus and abraded vagina in consequence of parturition, and usually complicating or complicated by inflammatory lesions within the pelvis or abdomen, thus constituting the many varieties of this affection. The lesions referred to as generally co-existent with the blood-poisoning, manifest themselves *primarily* as vaginitis, metritis, pelvic peritonitis and cellulitis, phlebitis and lymphangitis; and of *secondary origin*, may be mentioned in addition to pleuritis and meningitis, purulent inflammation of the joints, pyæmia and circumscribed inflammation of the subcutaneous areolar tissue. The fever makes its appearance in, from two to nine days, following confinement; and pursues frequently a favorable course, terminating after several days; but even under most discouraging circumstances hope of recovery should not be abandoned, though there are cases, which will prove fatal in less than a week. Nevertheless, prevention is better than cure, and since we know that infection arises, either from wounds or rents in the genital tract, or by absorption from surfaces not wounded, but laid bare by the process of parturition, we know also, that puerperal fever can be very often prevented by the liberal use of nail brush, soap and water: Keep hands and instruments *surgically* clean (see note on page 139), whenever you

are called to assist a puerpera, and if, in a suspicious case, you properly guard against *direct infection*, puerperal fever will be next to an impossibility, with the exception of those extremely rare cases, where it can be traced to colonies of bacteria, which, in the shape of purulent deposits (the result of old inflammations) will probably be present somewhere in the pelvic tissue or *Fallopian tubes*.

From what has been said it is evident that the symptoms will vary as much in character as in degree of severity. Barring fever and pain, there will be considerable sensitiveness on pressure over the womb, with partial suppression of lochia, if *Metritis* develop. If *M. suppurativa* ensues, the fever increases, chills are more frequent, and a fetid diarrhœa is generally the precursor of death; whilst simple inflammation of the womb may in, from 5—8 weeks end in recovery. *M. gangrenosa*, where vagina and vulva become involved, runs also usually a fatal course. In *Peritonitis*, there will be tympanites, vomiting and colicky pains in conjunction with copious perspiration; the face will grow dark and flushed, and the temperature often reach 105°. Marked constipation is sometimes present, which may be followed by a *critical* or *colliquative* diarrhœa. In *Putrid Infection*, which is supposed to be an *auto-genetic* lesion, due to retention of any material in the sexual organs, which may have decomposed, there is in addition to repeated chills, fever and high temperature, a fetid and persistent diarrhœa frequently in conjunction with a foul discharge from the uterus, terminating as a rule in death. *Pyæmia*, which appears seldom before the eighth day after confinement (very often much later) and which is

identical with the surgical lesion, begins invariably with an intense chill, the pulse rising rapidly to 130 and the temperature to 106° or 107°, followed by profuse sweating, localized inflammation and abscesses. As purulent collections may occur in any part of the body, in the liver and spleen (pyæmic abscesses in the lungs and kidneys result frequently from emboli, formed by disintegration of an infected venous thrombus), or in any of the synovial membranes of the joints, a fatal termination is also here the rule. *Phlegmasia dolens*, which appears generally during the second or third week after labor, occurring mostly in the leg, is characterized by great swelling, the veins being felt sometimes like hard, knotted cords; and a shining whiteness of the skin coupled with pain and great tenderness. The exudation may be absorbed in five or six weeks; however sometimes suppurative phlebitis will develop, abscesses form, and occasionally a thrombus, having undergone purulent softening, will give rise to infected emboli, which may, in turn, originate metastatic abscesses in different parts of the body.

**Treatment**—When after parturition, fever, chill, foul lochia, and other symptoms of sepsis make their appearance, the uterus should be searched at once for any secondines, even if lesions exist, to account for them; and it should like the vagina, be thoroughly washed with *phenol*, *mangan* or *sublimite water* (334, 368 & 397). *Poultices* and *fomentations* (337) may be required; or *Zinc. chlor.* (349) and an *occlusion pad* (371). At the same time according to circumstances *Aconite* with *Salicin* (p. 22); *Quinine* and *Opium* (pp. 11 & 35); and above all *stimulants* (p. 72). As alcohol, in puerperal fever, is not only well tolerated, but reduces also the temper-

ature, some practitioners rely, after the appearance of constitutional symptoms, solely upon its employment in conjunction with lukewarm baths. *Brandy* or *cognac* may be given with the yolk of an egg in doses of 1 to 2 teaspoonfuls every hour. The baths are indicated by failure of nutrition, incipient somnolence, delirium and cardiac weakness (small and quick pulse). *One or two baths* a day, with or without cold affusions, and lasting for 5 to 10 minutes are sufficient. Contra-indications are collapse, fresh metastases, and venous (femoral) thromboses. Milk, eggs, broth and meat in small quantities ought to constitute the sole diet. Obstipation, even if peritonitis should set in, is to be relieved by *Ol. Ricini*; violent abdominal pains require the *ice-bag* and *opiates*; and to allay nausea *ice per os* or *sinapisms* to epigastrium. See the heads of the complicating diseases.

PULMONARY DISEASE. See Lungs; *Pulmonary Hemorrhage*—Hemorrhage.

PULSE, if quick and strong, indicates fever, inflammation, etc.; if quick and weak—depression; quick, small and thready—great prostration, especially from loss of blood; variable in rapidity and force—nervous irritation; jerking—valvular lesions; double—continued fevers; intermittent—obstructed circulation; irregular—disturbances of circulation and respiration, or functions of the brain, puerperal diseases, etc. The pulse of infants is best to be ascertained, when the child is sleeping, though there can be much more learned from the expression of the face, breathing, heart-beat, etc. See Temperature.

PURPURA SIMPLEX (*Purples*)—This cutaneous disease is characterized by small spots on the skin from minute



extravasations of blood, and attended mostly by languor and debility with general malaise. If accompanied by hemorrhage, especially from mucous surfaces, it is called *P. hæmorrhagica* or *Morbus maculosus Werlhofii*. The *treatment* of the idiopathic form is similar to that of scurvy, and consists aside from an appropriate diet, of *hæmostatics* and *tonics*: *Chininum cum Ferro* (p. 76); *Acidum sulfuricum v. gallicum* (p. 61); *Terebinthina* (p. 67) etc.

PYÆMIA—A condition of blood-poisoning, which induces fever, accompanied either by severe gastro-enteritis and visceral congestions, or by certain local lesions, which are chiefly venous thrombosis, embolic abscesses in the viscera, acute suppurations of the serous membranes and joints, multiple abscesses in the connective tissue, and cutaneous eruptions. The fever, ushered in by shiverings, is characterized by a very high temperature—it may exceed  $107.5^{\circ}$ —accompanied by offensive perspiration in conjunction with the usual symptoms of septicæmia. Suppuration is profuse and may take the shape of carbuncles, pustules or erysipelas. The first onset of pyæmia may be difficult to distinguish from severe ague; and sometimes the joint inflammation causes it to be mistaken for acute rheumatism. The predisposing causes are those, that produce a low state of constitution, and render the blood incapable of forming a firm clot; such as profuse loss of blood, deprivation of food, unhealthy air, organic disease of the kidneys and other viscera; even mental anxiety. The immediate cause may, aside from infection and contagion, be disturbance of the coagulum in a vein; as by exercise of an arm after venesection, or imprudent move-

ments after parturition; the presence of septic fluids near orifices of veins, unhealthy suppuration in the neighborhood of the urethra, or of the mastoid cells. However, it may follow mere bruises without wounds, exanthemata, cholera or diarrhœa. *Treatment*—*Quinine* should be given at once, with or without *Iron* (p. 11). If suppuration is established, *Acid. sulf.* with *bark* (p. 71). *Alcohol* (p. 72) as support. Pyrexia requires the *ice-cap* and *sponging* (420). Sleep must be procured by *Morphia*. Locally *leeches* and *fomentations* or *poultices* if much pain and tenderness; and whenever suppuration or a puriform deposit takes place, *incisions* are necessary, on the same plan as in phlegmonous erysipelas. See Septicæmia.

PYELITIS (Suppurative Nephritis). See Kidney.

PYOTHORAX. See Pleuritis suppurativa.

PYROSIS. See Dyspepsia.

QUINSY. See Tonsillitis.

RABIES CANINA. See Hydrophobia.

RANULA. See Mouth (Tongue).

RECTUM—*Foreign bodies* in the shape of small bones, apple cores, etc., that have passed the alimentary canal, or pins and other things, which have been introduced into the anus, may be removed by proper forceps, after having previously dilated the rectum, by passing into the anus several fingers coated with lard, or by means of a speculum.

*Ulcers* within the rectum, if influenced by the *sphincter ani* are seldom cured without the knife; if however out of its reach, *soothing enemata* (381); *Phenol* (382); *Borax* (290) and applications of *Argentum nitricum* (343) may be resorted to, after having administered a *purga-*

*tive* (p. 96), which latter may be followed by *Acid. nitro-mur.* (p. 71) and other *tonics*, to bring the secretions into a healthy state. For *Piles* see Hæmorrhoids and Hemorrhage.

*Invagination of the rectum*, either due to protracted constipation or the abuse of warm enemata, is characterized by the upper part of the bowel lying within the lower, so that the passage on examination with the finger is found obstructed by a tumor having in its centre the natural opening of the bowel. This state is attended with great distress, a constant feeling of weight and desire to pass motions without being able to do so. *Treatment* consists in *aperients* with *Nux Vomica* (219); and *astringent injections* (378). See Intussusception.

*Stricture*—A chronic thickening and contraction of the mucous lining, so as to form a ring encroaching on the rectal canal is generally situated at from 2—4 inches from the anus, and unless of a cancerous nature is a consequence of contracting ulcers from dysentery, etc. If unrelieved it may lead to ulceration of the rectum above the stricture with aggravation of all the symptoms, as pain, straining and difficulty in defecation, more or less associated with pains in the back and loins, together with irritation of bladder, anus and uterus. *Treatment*—Aside from *aperients* (p. 88) and *injections* to insure soft stools, a *bougie* capable of being passed comfortably through the stricture, should be introduced once in three days, and allowed to remain for 15—20 minutes. The size of the bougie has to be gradually increased. *Spasmodic Stricture*, which is characterized by spasmodic pains and great difficulty in evacuating the bowels, will generally yield to *antispasmodics* (p. 27) combined

with *soothing injections* (365 & 381) and a proper diet. For *Rectocele* see *Hernia* (recto-vaginal); and for other rectal affections—Anus.

REGURGITATION is mostly a symptom of indigestion, though it very much varies in its character. The liquid thrown up by the stomach may be entirely sour if there be present an organic acid, as acetic, butyric, or lactic; it may be acrid, appearing to scald the throat; it may be insipid, pasty or foul, having the odor and taste of rotten eggs, the latter denoting putrefactive changes. If the regurgitation occur during the progress of stomach-digestion, the acidity is usually due to chemical changes of the ingesta; but if it occur when the stomach contains no food, it may come from the gastric glands. For the treatment see *Dyspepsia* (*Pyrosis*). The acidity of the stomach during digestion may be prevented sometimes by a few drops of *Acidum hydrochloratum*.

RELAPSING FEVER. See *Fever* (relapsing).

RENAL DISEASES. See *Kidneys*.

RESPIRATION—The abdominal form occurs whenever there is great pain in using the thorax (pleuritis, etc.); or if the brain gets an insufficient supply of blood (croup, etc.). Cervical respiration predominates when there is considerable exertion of the upper ribs, the *sterno-cleido mastiodeus* and other muscles of the neck, as in advanced stages of pulmonary and cardiac affections, obstruction or disease of the larynx, etc. The thoracic form again is called into play when there is obstruction to the action of the diaphragm, as in abdominal enlargements, by dropsy, etc., etc. Stertorous breathing, occurring in cerebral oppression, depends on relaxation of the velum palati; whilst the so-called *Cheyne-Stokes* re-

spiration, which may be observed sometimes in fatty degeneration of the heart, is nearly always due to cerebral anæmia: It consists of a period of apparently perfect absence of breath, succeeded by feeble and short inspirations, which gradually increase in strength and depth, until the respiratory act is carried to the highest pitch of which it seems capable, when the respirations, pursuing a descending scale, regularly diminish until the commencement of another apnœal period. *Respiration* proves a valuable remembrancer when using large doses of Opium (p. 36).

*Yawning and Sighing* immoderately is frequently hysterical; after an attack of hemiplegia, they are unfavorable signs.

RETENTION OF MENSES. See Amenorrhœa.

RETENTION OF URINE (see Ischuria) may arise from causes functional or organic: Want of power of the muscular coat of the bladder, diseases of the prostate, calculi or foreign bodies blocking up the urethra, pressure from without, spasmodic or permanent stricture, hysteria, etc. For treatment see Bladder.

RETROFLEXION AND RETROVERSION. See Uterus.

RHACHITIS is a constitutional disease of early childhood, frequently connected with scrophula, and arising from hereditary taint, or from improper food, or by being too long and exclusively confined to breast-milk (phosphate of lime should be mixed daily into the food of pregnant women and nurses). *Rickets* are characterized by an imperfect development, atrophy and distortion of the bones, becoming very manifest in the bending of the shafts of the long bones and a thickening of their articular extremities, a narrow prominent chest

(*pigeon-breasted*), and a variously curved spine. The *treatment* is similar to that of scrophula: Aside from animal food, cold sponging and fresh air, *Calcii v. Sodii Phosphas* (125 & 222); *Potassa* (31 & 117); *Iodine* (17).

RHEUMATISMUS ARTICULOSUS ACUTUS is an essential fever, self-limited, and due to a morbid state of the system, involving a rheumatic diathesis. It is, aside from occasional complications with bronchitis, pleurisy and pneumonitis, often connected with heart disease, and characterized by inflammation of the joints, several of which may be affected at the same time, or singly in irregular succession. Excruciating pain, more or less pyrexia, and profuse, sour-smelling perspiration are usually accompaniments; and the blood is highly fibrinous, whilst the urine is loaded with uric acid. *Treatment*—*Salicin* (pp. 17 & 18), given alternately with alkalies, will in most cases cut short the disease. If fever high *Quinine* (p. 11); *Aconite* with *Salicin* or *Nitre* (pp. 22 & 55); or *sponging*, resp. the *wet pack* (420). For the relief of pain *Chloral* or *Brom* (pp. 26 & 30); *Phenol* or *Coniin hypodermically* (pp. 107 & 9). The affected joints should be wrapped up at once in *cotton*. Other remedies in use are: *Nitre* (p. 57); *Sod. phosph.* (p. 58); *Lithium* (p. 50); *Digitalis* (p. 51). In *subacute and chronic rheumatism* the list of remedial agents may be still further enlarged: *Silicium* (p. 19); *Guagac* or *Iodine* (11 & 16); *Colchicum* or *Cimicifuga* (104 & 5); *Xantoxylon* (43); and locally, *stimulating embrocations*, *Iodine* (20); *Ammonia*, etc. (409). *Cascara* gtt. 15 *ter die* has been successfully used. For *Muscular Rheumatism* see *Myalgia*; for *Rheumatoid Arthritis*—*Arthritis*.

RHINITIS. See *Nose*.



RICKETS. See Rhachitis.

RINGWORM (*Dermatomycosis tonsurans*). See Head (*Tinea tonsurans*).

ROSEOLA—*Rose-Rash* or *False Measles* consist in irregular, rose-colored spots on the skin, which do not itch, and the redness of which disappears on pressure. It is frequently seen in children during dentition, but perhaps as often in cases of typhus, syphilis, and other diseases, especially of catarrhal affections. No treatment required.

RUBEOLA (*Rötheln* of the Germans)—An eruptive fever of the mildest form occurring sporadically in children, and characterized by small, round, more or less itching spots or papules, which appear first in the face, and may be associated with a slight nasal catarrh and photophobia; but never with bronchitis catarrhalis, a constant companion of measles. They are, moreover, easily to be distinguished from the latter, by their disappearance in one or two days, *without leaving any trace*. No treatment required.

RUPIA. See Skin.

SALIVATION. (Ptyalism). See Mouth (*Stomatitis ulcerosa*).

SALPINGITIS (Inflammation of the Fallopian Tubes). See Uterus (*Cellulitis*).

SALPINGOCYESIS SEU GRAVIDITAS TUBARIA (tubal pregnancy). See Pregnancy (extra-uterine).

SARCINA VENTRICULI—A fungus found *en masse* and generally in company with the yeast-fungus in the liquid, thrown up from the stomach, constituting a variety of vomiting, which occurs in certain cases of dyspepsia, and which originates probably in consequence of undue



retention of the contents within the stomach from pyloric obstruction or some other cause. Sarcinæ are distinguished microscopically by their oblong or square form, and by their being divided by lines into four equal squares, so that they resemble a package, tied with a cord, as the name sarcina denotes. The vomited matter containing sarcina emits an odor of *fermenting wort*, and is covered after a few hours standing with a mass of yeast-like froth. **Sulfites** (33) are said to destroy the fungus. Regulation of diet is, however, all important, especially in dyspeptics; hence the benefit, frequently derived from the hygienic discipline, which the hydropathic system enforces upon such patients.

SATYRIASIS is a morbid and excessive sexual desire in males. It is occasionally a symptom in hydrophobia. **Brom** or **Camphora** (pp. 24-28), is usually employed. **Salicin** (p. 18), is said to be sometimes of service.

SCABIES. See Skin.

SCALD HEAD (*Tinea favus*). See Head.

SCALDS. See Combustio.

SCAPULODYNIA. See Myalgia.

SCARLATINA—*Scarlet fever* is an eruptive fever of a highly contagious nature, and as a rule much more serious than measles. It is like the latter disease characterized by an efflorescence, preceded in children sometimes by an eclamptic fit; but generally by a sudden attack of vomiting, high fever and redness of fauces, in which situation the eruption appears *prior* to the invasion of the skin. The cutaneous eruption, which usually begins after about 24 hours, affects generally *first the chest and upper extremities*, and is of a scarlet color, so that in some cases the surface of the body appears not unlike

a boiled lobster. At the same time the throat is more or less affected, and some swelling of the tonsils is, like the *pathognomic strawberry-tongue*, one of the early symptoms. The rash may stand for, from 4 to 10 days, before desquamation begins, which either consists of simple exfoliation of the cuticle, and takes the form of minute branny scales, or of shreds of the epidermis in large pieces. A frequent sequel of this disease is renal disorder with dropsy. In *Scarlatina anginosa*, the affection of the throat may be so severe, as to endanger life; whilst the *hemorrhagic form* is almost invariably fatal. **Treatment**—According to the severity of the fever, *Aconite* (pp. 22 & 55); *Veratrum* (p. 39); or *Quinine* (p. 11); with or without *sponging*, the *wet sheet* or *pack* (420). *Acid. hydrochloratum* and *Potassii Chloras* (pp. 42, 55 & 56), will usually suffice in mild cases. Some physicians prefer *Salicin* or *Thymol* (pp. 18 & 19); the temperature is said to fall rapidly after the use of acid. salicyl. (26). *Baptisia & Mercury* (pp. 10 & 13) have been sometimes of service. Locally *cold compresses* and *gargles* with *Phenol*, *Tannin*, etc. (298-300). *An emetic* (227) if the throat much stuffed; and if there be determination to the head, *enemata* (386). If restlessness, *Brom* or *Hyoscyamus* (pp. 33 & 55). *Belladonna* (43) is frequently used as preventive. In uræmia, *saline purgatives* or *Elaterium* (pp. 91 & 96). As support, *brandy* (p. 72) in form of milk punch, etc., with a nutritious diet.

*Scarlatina rheumatica*—Dengue is an epidemic, self-limited affection, with a short prodromic stage—anorexia, languor and general malaise—characterized by a paroxysm of fever, which may last from a few

hours to several days, in conjunction with rheumatic pains, and followed generally by an eruption, either papular or vesicular. Coryza, pharyngitis, and enlargement of cervical glands are occasional complications; and hemorrhage from the nose, mouth, bowels or uterus may occur. Diagnostic are the severe pains all over the body, in head, eyes, muscles of neck, loins and extremities; hence the significant appellation, *breakbone fever*. **Treatment**—*Aconite* with *Salicin* (p. 22); and *sedatives*, *Belladonna* or *Opium* (pp. 24 & 35). *Brandy* will sometimes do good. If constipation, *Iodine* with *Colchicum* (p. 48).

SCIATICA. See Neuralgia.

SCLEROSIS. CEREBRO-SPINAL, See Brain.

SCORBUTUS—*Scurvy* is a morbid state of the system, due to want or insufficiency of certain principles in food necessary for nutrition, and characterized by debility, associated with mental and physical depression and general malaise. Diagnostic is sponginess of the gums, *fetor oris*, and extravasation of blood beneath the skin. Sometimes there is hemorrhage from mucous surfaces, as from the nose and bowels. **Treatment** embraces *tonics*, especially *mineral acids* (p. 71); *Ferrum* (142), in conjunction with lemons and other fruit; fresh meat, milk and farinaceous food.

SCROFULA—*Struma*, called also *King's Evil*, is a morbid condition of the system, caused, unless hereditary, by improper food, in conjunction with unhealthy air during the first years of childhood. It is characterized by a tendency to various inflammatory and ulcerative processes, as swellings of the absorbent glands, especially those of the neck; persistent swelling and catarrhal inflammation of the nose; swelling and thickening of

the upper lip; abscesses; cutaneous eruptions; and caries of the bone. Most frequently we meet the *chronic swelling* of the lymphatic glands about the neck, behind the ear, under the jaw and in the clavicular region. Scrofulous *gummata*, which begin as small infiltrations or nodes in the skin, constitute another form of scrofuloderma. They are of a livid red color involving the entire skin, spread more and more to soften at different points to small ulcers, with burrowing sinuses, which form a sort of communication between them. Another variety is characterized by the formation of *papillary wart-like* or *fungous growths*, of a pale, bright dusky or violaceous red color, which soon ulcerate, with a thin discharge and some crusting. As a fourth variety of scrofuloderma may be mentioned, small, hard and *flat papules* with a raised violaceous areola. *Treatment*—A good nourishing diet in conjunction with *Ol. Jecoris* (20 & 185), and *alkalies* (pp. 18 & 53); *Iodine* or *Mercury* (pp. 13—15); and an occasional *purgative* (pp. 92 & 97), constitute the chief remedial measures. *Natr. nitric.* or *phosphor.* (p. 57) is sometimes indicated. *Calomel v. Hydrarg. c. Creta* (p. 92) twice or thrice a week at bedtime, with a *saline* every morning (p. 95) and *mineral acids* (p. 71) according to circumstances, is also recommended. In obstinate cases *Aurum* or *Barium* (p. 10), may be tried. *Ungt. Zinci* locally. See Leucocythæmia and Lymphatics.

SCURVY. See Scorbutus.

SEASICKNESS. See Morbus nauticus.

SEBACEOUS CYST. See Cyst and Skin (Wen).

SEPTICÆMIA occurs like traumatic or symptomatic fever, which accompanies inflammation from injury, and

the hectic form, consequent upon prolonged suppuration in connection with wounds, operations, etc.; but whilst those, depending also on blood-poisoning will disappear, if the local mischief can be remedied, septicæmia will continue, though the prime cause be removed; and it may be very severe, though the latter be but insignificant. The nature of the poison is not mere putrefaction; but something that has a perverted vitality; for the fluids of a putrid subject are less likely to infect a post-mortem operator, than the fluid from a fresh corpse of a puerperal fever victim. The diagnosis of Septicæmia and Pyæmia, following wounds or injuries, is easy enough; but when there has been no lesion to account for it, it may be extremely difficult. It should not be mistaken for typhus, cerebro-spinal meningitis, acute rheumatism, and inflammation of the kidneys or bladder. From typhoid it may be differentiated by the fact, that the latter is never complicated with a pustular or papular exanthem, with a hemorrhagic basis. In addition to a rise of temperature to from 101—103°, there will be in severer cases of septicæmia profuse vomiting, fetid diarrhœa or dysentery; the disease may even take the form of erysipelas, phlegmasia dolens or pyæmia, and any of these forms may beget any other: Thus, the poison of erysipelas may beget puerperal fever—this is said of any form to exist, if the patient be a puerpera—and the child of the fevered mother may die of erysipelas. *Treatment*—If the patient after any injury, etc., is seized with uneasiness, cold shivering and light-headedness, the temp. exceeding 101°, some form of septicæmia may be suspected, and an energetic treatment is imperative: Any pus that may be anywhere

retained, must be got rid of. At the same time a good stimulant, *brandy* and water or hot negus (p. 72) and *Quinine* (7). See the various forms. *Aconite* with *Salicin* (p. 22), locally *Phenol*, *Zinc. chlor.* etc. (337 & 349).

SEXUAL WEAKNESS. See Impotenz.

SHAKING PALSY. See Tremor.

SINGULTUS—*Hiccough* is supposed to be caused by a chronic spasm of the diaphragm in conjunction with partial or complete closure of the glottis, producing quick, abrupt and sounding inspirations. *Treatment*—Whilst simple hiccough will wear off without remedial aid, or be stopped by a pinch of snuff, drinking water, swallowing a piece of ice, or a sudden fright, as caused e. g. by an unexpected slap on the back, the application of *Cocaine* or the inhalation of *Chloroform* will generally cure the more obstinate form. If persistent, *Chloral* 3 ss to produce a sound sleep; or *Camphora* (p. 27). Sometimes *Morphium* or *Pilocarpin hypodermically* (254 & 56) will be of service. One drop of a one-per-cent solution of *Nitro-glycerine*, *bihorio*, has been employed successfully, in a case where all the sedatives in turn had been tried in vain.

SKIN DISEASES—In these are included affections of the sebaceous follicles, pigmentations and neoplasms; whilst diseases of the head, of the sudorific glands, and those where the skin forms only part of the disease, as roseola, erysipelas, furuncles, lupus, etc. are treated of in alphabetic order. *Scrofuloderma* and *syphilitic exanthemata*, which latter are known by the characteristic copper color, and by the fact that they never itch, claim a specific treatment; whilst eruptions, which are met with as concomitants of disorders, affecting the

generative organs in the female, require proper attention to the disease, with which they may be in connection.

A diffuse but slight dermatitis, characterized by uniform redness of the skin, with more or less puffiness, is called *Erythema*, and requires no treatment unless it be accompanied by much itching. That form, produced by pressure during a protracted illness and eventuating in bedsores, may be washed with *Arnica* or *brandy* and *water*—see *Decubitus*. Another form, *Intertrigo*, occurring between folds of the skin in infants or fat people (or of any person between the legs from walking), may, after having been washed with soap and water, be dusted with *Camphorated powder*, *Lycopodium* or *Zinc* (339 & 393). *Pruritus*, which consists of a most violent itching and is generally attributed to nervous irritation, proves sometimes a most obstinate disease, that requires, as a rule, internal medication—*Alkalies* (pp. 53 & 54); *Phenol*, *Sulfur* or *tonics* (pp. 16, 69 & 98). Locally, *Borax*, *Camphora*, *Iodoform* and *Cyan* (346, 390–94 & 409).

*Prurigo*, which has the constant itching in common with *pruritus*, is a papular eruption. The minute papules neither ulcerate nor wet, but if they are scratched or pricked with a needle, they exude a serous fluid, which dries into scabs. The disease, mostly due to want of cleanliness, is sometimes extremely obstinate. A pseudo-prurigo is produced by the bite of vermin, as lice, etc. Treatment as indicated in *pruritus*. *Lichen*, a papular eruption, differs from *prurigo* in that the papules itch but little if at all, and in the fact that when pricked, blood is exuded. There are two forms, *L. Scrofulosorum* and *L. ruber*; the latter, which may be distinguished from *psoriasis*, by not forming circles, is generally associat-



ed with tuberculosis. *Treatment*—**Alkalies** (pp. 53 & 54); **Iodine** (pp. 14 & 15); **Cod liver oil** (20 & 185); **Arsenic** (p. 9); **Cantharis** (p. 47); etc. **Naphthol** (390) is sometimes used externally.

*Herpes*—Clusters of minute vesicles, often preceded by local irritation, especially a sensation of burning, and cutaneous neuralgia, and frequently connected with acute catarrh of the stomach. *Treatment* is seldom required—**Quinine** (p. 76) is sometimes employed in *II. labialis*, if due to mental excitement. In *II. Iris* and *circinnatus*, **Cuprum** (391); **Iodoform** (401); etc. In *II. Zoster*, **Morph. oleic**, **Argent. nitric.** (409); **Phenol**, **Bismuth** (398 & 99); etc. In *II. præputialis*, which occurs often in men, who have had chancre, **Calomel** (353). In *II. pro genitalis*, which appears sometimes on the labia of women in the climacteric period, *hot fomentations*.

*Eczema*—Minute vesicles developed on red and slightly raised surfaces, drying off in scabs and always combined with violent itching. It may be caused by want of cleanliness, any kind of local irritation or improper food; sometimes it is symptomatic of defective menstruation, scrofula and other diseases. *Treatment* is to be directed to the cause—**Alteratives**, **Arsenic** (p. 9); **Pulsatilla** (p. 16); etc. Locally, especially in Eczema of the extremities (*Salzfluss*), **Tar**, **Alum** or **Phenol** (397–99) according to the form, whether *simplex*, *rubrum*—where the skin is more inflamed; or *impetiginoides*—in case of pustules. In Eczema of the genitals, **Cocaine**, **Borax** or **Argentum** (285, 390 & 404). In *Eczema facialis*, **Mercury**, **Zinc**, **Naphthol** or **Salicin** (390, 91 & 99). See Head (*Crusta lactea*).

*Pemphigo*—Large bullæ filled with serum, to be met

with chiefly in infants, suffering from congenital syphilis. **Treatment**—In the idiopathic form, *P. vulgaris*, **Sulfur** (p. 98); dusting with *Amylum* or *Lycopodium* and an occasional bath. If malignant, *P. foliaceus*—where the bullæ unite to raise big patches of the epidermis, and which proves generally fatal—**Arsenic** (p. 9) may be tried.

**Rupia**—Flattened bullæ, filled with serum, which gradually become opaque and purulent, and finally dry into oyster-shell-like scabs, under which the skin is ulcerated. **Treatment** is directed to the cachexy, which may have given rise to it—syphilis, scrofula, etc.

**Impetigo**—Small pustules, slightly elevated and terminating in a laminated scab, occurring usually on the extremities of scrofulous subjects, in conjunction with eczema. **Treatment**—After having removed the scab by some kind of grease, **Bismuth** with **Zinc** or **Tannin** (340 & 393).

**Ecthyma**—Large, prominent or flat pustules, encircled by an inflamed margin and leading to ulcers, occurs sometimes symptomatically in malarial fevers and other acute diseases; but generally it is due to some cachectic state of the blood. **Treatment**—**Iodine** (pp. 14 & 15); **Oleum Jecoris** (20 & 185); **Quinine** (p. 76); etc. Locally warm bathing and dusting with *Lycopodium*, etc. **Black** or **yellow wash** (329) after removal of the scab.

**Psoriasis scutellata seu Lepra vulgaris**, which, though frequently hereditary, is never dependent on a cachectic state of the blood, if we except the syphilitic form, consists of the hypertrophied cuticle being raised, so as to produce a rough and scaly appearance of the skin. **Treatment**—Aside from warm baths, and local applications, as **Creosote** or **Tar** (398 & 99), **alkalies** (pp. 53 &

54) are usually given. *Phenol* and *Iodine* (pp. 14–16) may be tried; or *Cantharis* and *Sulfur* (pp. 47 & 98). *Arsenic* (p. 9) is said to improve it after a week's use.

*Ichthyosis*—Large scales like those of a fish, which may cover the larger part of the body. *Treatment* is but palliative, *Glycerine* or oil with warm bathing.

*Urticaria* or *Nettle rash* consists of an eruption similar to that, produced on the skin by nettle, and is generally accompanied by fever. In some people it is caused by eating oysters, strawberries, copaiva, etc.; however often it is connected with depressing mental influences, disorders of the digestive system or of the sexual organs. *Treatment* according to cause—*Alkalies* (pp. 53 & 57), *Colchicum* (105) in gouty persons, etc. To allay the itching, *Borax* or *Chloroform* (394 & 410).

*Comedones* and *Milia* consist of inspissated sebum, which blocks up the mouth of diseased sebaceous follicles, and may give rise to the formation of a true retention cyst or of acne papules. While the comedo will appear as a black point anywhere on the face, especially on the nose, milia may be seen as white nodules chiefly under the eye or on the *palpebræ*. *Treatment*—The comedo is easily removed by pressing the plug out with the fingers or a watch-key; milia are better destroyed by *electrolysis*, as employed for the removal of superfluous hair (p. 149); though the contents of the white tumors may also be scraped out with the curette, after having incised the skin that covers them. *Eau de Cologne* may subsequently be used as a wash to keep the orifice patent. *Acne pustulosa* and *indurata*, which are inflamed sebaceous follicles with or without suppuration, require also the dermal *curette*. Pimples

which make the life of a youth often so burdensome, will sometimes be benefited by *sulfites*, *Iodine* or *Naphthol* (17, 21 & 33), with *Soda* (392) locally. *Acne rosacea* (*Schnappsnuse*), which consists in hypertrophy of the areolar tissue and skin of the nose, in conjunction with enlarged sebaceous follicles, and mottled with dilated veins, requires in its first stage also the *curette*; and *if drinking be discontinued Sulfur* internally and as wash (7:50 *Aqua*) may be of service. *Sublimate* (0.03 : 100.0), to paint the nose with every night is also used in this stage. In the second stage, aside from *curett*ing acne papules and pustules, the dilated vessels must be punctured with a *needle* or cut with a *multiple scarifier*, after which *cold compresses* may be applied. The procedure should be performed every day or every other day, and only part of the affected area of skin should be operated upon at a time. *Electrolysis* (p. 149) is also employed; but the current should be very weak, and the needle has to be introduced into the larger vessels. In the third stage, where perivascular overgrowth has taken place, the shrinkage of the new tissue causing the gradual disappearance of the blood vessels, and the part enlarging more and more, *excision* is the only remedy.

*Ephelidæ s. Lentigo*—Freckles are pigmentary deposits on the skin of the size of a lentil seed. *Bismuth* and *Borax* (392) are frequently used as wash. *Chloasma uterinum*—A mole may be treated in the same way. *Nævi pigmentosi* may also be removed by electrolysis: *Acid. chrom.* (1:4) and *Acid. carbol.* (1:2) upon the needles have been employed. Parasitic moles (*pityriasis versicolor seu dermatomycosis microsporina*) are due to

a fungus, and are easily removed by washing them with *Aqua phenylata* (1%) and soft soap.

*Verruca*—Warts and vegetations consist in a hypertrophy of the papillæ and cuticle. A variety, *Condylomata* (*Feigwarzen of the Germans*), which are clothed with a thin cuticle, grow principally on the inside of the thighs, perineum, about the anus, and within the prepuce or vulva. Highly vascular and easily bleeding; or pale and indolent; broad and flat; or tall and stalked—*figus*—, they discharge a thin ichor, and are always caused by the irritation of gonorrhœal or syphilitic discharges, combined with want of cleanliness. *Treatment*—For the removal of ordinary warts, *electrolysis* (p. 149) may be employed as in hypertrichosis. The needle should be passed through the base of the growth in various directions, and a moderate current allowed to flow for a few minutes in each. If an electrical apparatus is not handy, they may be *snipped off* with a knife or curved scissors, and then touched with *caustic*. *Solutio Fowleri* applied once a day, is said to destroy them within a fortnight. *Acid. nitric., acetic., and chromic.* (329 & 403) are also used, especially for condylomata. See Syphilis.

*Clavus*—Corns are growths of thick cuticle, not merely lying upon the true skin, like *callosities*, but penetrating it. There are two kinds, the hard and the soft corn, the former being situated on the surface of the foot, where the cuticle can become dry and hard; the soft between the toes, where the cuticle is soft and spongy. *Treatment*—Next to proper fitting footwear, a *pediluvium* of at least half an hour's duration every night, is perhaps the most effective remedy. Of the many local applications in use, may be mentioned *Salicin-Col-*

*Iodion*, consisting of acid. salicylic. part 1, morphia p. 2, and Extr. Cannabis fluid. p. 12, to 200 parts Collodion. This is applied to the corn, previously closely pared, until a film forms. Callosities (*Callus* or *Tylosis*) require the *bath*.

*Wens* are encysted tumors, most common on the head, face and shoulders, consisting of obstructed sebaceous glands or else of erratically-developed cutaneous cysts. The matter contained is a collection of epidermic scales with hairs, oil-globules and crystals of cholesterine, and has received the name of *atheroma* or *steatoma*, from its resemblance to gruel or suet. Suppuration, ulceration, and fungous granulation of the interior of the cyst sometimes occur. *Treatment*—If an aperture is visible and the tumor is not very large, it may be opened by a probe or director, and the contents be *pressed out*. However, it is better to extirpate it entirely by running a *scalpel* through it, seizing the cut edge of the cyst and gently tearing it out with a touch or two from the knife. If the wen is much inflamed, it may be laid open by a free incision, as much of the cyst as possible got away with the contents, and then filled with lint and *Ungt. Creosoti* or *Ol. carbol.* (398), to suppurate and contract.

*Cheloid tumors* consist of a hypertrophy of the tissue of the true skin, intermixed with newly-developed fibrous or cicatricial tissue. They are generally developed on sites of cicatrices, even on leech bites and on ears, that have been pierced for earrings, they may be seen. *Iodine* and *Arsenic* (pp. 9 & 14) are mostly employed and *Scarification*, as in acne rosacea, is recommended, since extirpation is of no avail.

*Molluscum epitheliale seu contagiosum* is characterized



by rounded, wart-like papules, varying in size from a pin head to that of a pea, and occurring usually in the face, especially the eyelids, cheeks and chin. They frequently look like drops of white wax upon the skin, or like a pearl button flattened on top, constricted around the base, and with a dark aperture in the center, from which can sometimes be squeezed a milky fluid. Eventually they terminate by disintegration. *Treatment*—If applications of *Ungt. Hyrarg. alb.* or *Sulfur* fail to destroy them, the *ligature* or the *cautery* may be employed; or they may be opened with a *knife* or scraped away with the *curette*. The bottom of the cavity should afterwards be touched with caustic. *Molluscum fibrosum seu Fibroma molluscum* is a chronic hypertrophic affection of the skin, consisting in sessile or pendulous growths of cutaneous connective tissue, which may cover the whole body. The tumors may be *excised* or *ligatured*. The *galvano-cautery* and *electrolysis* (p. 149) are also employed.

*Scabies*—Itch consists in an eruption of pustules and vesicles, appearing usually between the fingers and toes, about the wrists, at the elbows and knees, accompanied by severe itching; especially after getting warm in bed, and due to the irritation, which is caused by the burrowing of a parasite (*Acarus scabiei*). *Treatment*—*Storax*, *Sulfur*, *Potassa* or *Napththol* (390) as ointment will kill the parasite. To hasten the cure these applications may be preceded by rubbing the parts daily with *soft soap*, followed by a *warm bath*.

SLEEPLESSNESS. See Insomnia.

SMALL POX. See Variola.

SNAKEBITE. See Wounds.

SOOR (Stomatomycosis). See Mouth.



SORE THROAT, CLERGYMAN'S. See Pharyngitis (chron).

SPASMS—Cramps are painful contractions of muscles, irrespective of affections of which they are symptomatic, as tetanus, etc. Tonic spasm of the *sterno-cleido-mastoideus* constitutes the *Caput obstipum*. In clonic spasms the *trapezius* is mostly implicated, and if unilateral, the muscles of the face will help in cutting wry faces;—bilateral they are called *Salaam spasms* (Komplimentirkraempfe of the Germans). See Wry-neck. Writers cramp (*grapho-spasmus*—*Chorea Scriptorum*) requires rest of the hand for a long time; changing the size of the pen may be tried; *Galvanism* (p.148) may be of service. In cramps of the legs or feet, *Lycopodium* (76); *Viburnum* (p. 39). Sleeping on an inclined plane is recommended: the bed being a foot higher at the head than at the feet. For *Spasmus Glottidis*, see Larynx; for *Spasm. Vaginæ*—Vaginismus; *Sp. Vesicæ*—Bladder; *Spasms in Infants*—Convulsions, etc.

SPERMATORRHŒA. See Impotenz.

SPINE—*Myelitis*. Inflammation of the spinal cord, if acute, takes generally the form of softening; whilst if chronic, it appears as induration or sclerosis. Acute myelitis, being characterized by fever, violent pain in the back, and complete paraplegia, with loss of power over bladder and rectum, is, aside from injuries, generally due to cold and wet; though it may also occur during acute rheumatism. *Treatment*—*Leeches* or *cupping* with *ice-bag* to spine; *blisters* and *warm baths*; above all, absolute rest, the decubitus being as much as possible on the abdomen. Internally *Ergot* and *Belladonna* (pp. 23 & 65) with a view of contracting the arteries of the cord. *Mercurialization* (12) is recommended. Strychnos is

contra-indicated. In the chronic form, where there is superadded wasting of the paralyzed muscles and a tendency to gangrenous ulceration, next to rest and contra-irritation (409 & 10) over spine, *Belladonna* and *electricity* (p. 148). *Colchicum* (p. 48) or *alkalies* (p. 53,) if indicated by the state of the urine.

*Spinal Irritation* is a neuropathic affection, characterized by pain and tenderness over the spine in connection with some other disorder, and mostly due to an anæmic or hysterical condition: If there be intercostal and cervico-occipital neuralgia, nervous cough, palpitation, vomiting and singultus, the cervical or dorsal vertebræ will be found upon pressure to be tender; whilst tympanites, colic and dysuria are associated with lumbar tenderness. *Treatment*—Aside from proper attention to the causative affection, *Veratrum* or *Choloroform* (410 & 11) locally. *Anodynes* may be called for—*Aconite*, *Belladonna* or *Brom* (pp. 22–27); *Cocaine* and *Iodoform-Collodion* (pp. 77 & 109). See Neuralgia.

*Spina bifida*—*Hydrorachitis* is a congenital affection, in which the vertebræ of the lumbar or sacral portion are cleft or deficient, so that the spinal membranes yield to the pressure of the subarachnoid fluid, which they contain, and bulge out, forming a fluctuating tumor of variable size in the middle line of the back. *Hydrorachitis* is generally accompanied by paralysis of the bladder, rectum and lower extremities; though in the rest the infant may be perfectly well. *Gentle pressure* is all that can be done in the way of treatment.

*Curvature of the Spine* may be lateral—from debility of the ligaments and muscles of the spinal column; angular (*Pott's Curvature*), produced by softening and

absorption of the intervertebral substance and caries of the bodies of the vertebræ, due to scrofula; or directly forward or backward, mostly seated in the upper part of the back and always a consequence of rickets. *Pott's Curvature* generally begins with a dull pain, especially in adults, aggravated by motion. If the disease is situated in the dorsal vertebræ, there may be tightness of the chest with difficulty of breathing; and if in the cervical, one or both arms may be palsied, and inability of carrying the head without supporting it. Sooner or later scrofulous abscesses may form, accompanied by hectic and great constitutional derangement. Next to a constitutional *treatment*, generous diet and general hygienic measures, *perfect rest is indispensable*, and may to a certain degree nearly always be insured by proper mechanical appliances. If the back be very weak, the patient should, when not moving about, neither sit much nor stand, but maintain as much as possible a reclining position on a hard surface. In *Pott's Curvature*, however, where *the horizontal posture is absolutely necessary*, the patient must by no means be taught to lie on his back. Issues on the sides of the diseased vertebra will do no good in scrofulous subjects; but *leeches* may be applied to relieve occasional accessions of pain and tenderness.

**SPLEEN. ENLARGEMENT**—*Ague Cake* occurs in connection with acute specific or infectious diseases, and with certain chronic affections. *Treatment* according to the associations belonging to it. If due to malaria, *Quinine* (p. 11); *Salicin* (p. 16); if owing to leucocythæmia, *Ferrum*, *Ergot* (pp. 78 & 79) *Brom* (p. 25) etc.

**SPRAINS**—A violent stretching of tendon, ligament or fascia, with or without rupture of some of their fibres

and blood-vessels, constitute a sprain. It produces instant severe pain, often attended with faintness, great tumefaction and ecchymosis, and subsequent weakness and stiffness. If the part is not kept at rest and the knee or some other large joint affected, there will be inflammation and fever that may lead to serious, even fatal results. *Treatment*—In slight cases, perfect rest, in conjunction with cold water applications and a bandage may suffice; but if a large joint, *e. g.* the knee, be affected, the patient should go to bed, and the knee should be confined by a splint behind, and held in place by a bandage comfortably applied. During the first day or two the object is to allay pain, and to anticipate inflammatory effusion by cold affusion or warm fomentations and plain diet. If inflammatory pain, *i. e.* throbbing heat and swelling, should be developed, *leeches* should be applied. That the reparative process may not be disturbed, the part should now be supported by a *firm bandage*, once daily douched with *cold water* and perhaps rubbed with a *stimulating liniment* (409). If after a sprain, the injured part is subject to fits of inflammation, and very slow in recovering its powers, *Iodine* (p. 14) will be indicated as in chronic rheumatism.

STAMMERING—The inability of uttering certain words or syllables with fluency, unless due to lesions in the medulla oblongata or spinal marrow, may be treated successfully by gymnastic respiration in conjunction with pronunciation, making the patient say “her” before each word beginning with a consonant.

STERILITAS—Barreness is the consequence of a multitude of causes; it will be caused through impossibility of the entrance of the seminal fluid into the uterus, as

is the case in cervical endometritis, etc.; by the prevention of the production of a healthy ovule (from chronic ovaritis, etc.); by preventing the passage of the ovule into the uterus (from stricture or obliteration of the Fallopian tubes); by destroyed vitality of semen or the prevented fixation of the impregnated ovum, a result of endometritis; membranous dysmenorrhœa, menorrhagia or metrorrhagia, abnormal growths, etc. The most frequent causes are glandular cervical endometritis; areolar hyperplasia from subinvolution of uterus; leucorrhœa and other morbid discharges, either by causing death of the spermatozoa or by changing the lining membrane of the uterus; obesity, by impairing the function of the ovaries; flexions and versions; and excessive sexual intercourse. *Treatment*—Removal of cause if possible. If it is due to a congested state of the uterus, or to atonicity, suction at the breast may remove it: in the former case as derivative; in the latter, through the reflex action it produces, securing contraction of the flaccid uterus. If stricture of cervix, dilatation; if its vaginal portion should be projecting, or conical, the bilateral operation for its enlargement, or amputation, if necessary.

STEATOMA OR ATHEROMA. See Skin (Wen).

STOMACH—*Dilatation* or *Gastrectasia*, mostly due to pyloric obstruction produced by cicatrices of old ulcers, cancer and similar causes, is characterized by an abnormal prominence of the epigastric region, extending more or less over the umbilicus; and a periodic vomiting at intervals of a day or two, containing the ingesta of the previous day—The amount of dilatation may be ascertained by means of soda (p. 55). *Treatment*

demands above all regulation of diet: Saccharine and amylaceous articles should be avoided on account of their tendency to fermentation. *Peptonized food* (pp. 84 & 137) is sometimes of service. At the same time *tonics*, especially *Strychnos* (152).

*Ulcus rotundum s. perforans* occurs either in the lower part of the œsophagus, in the stomach, or in the upper part of the intestine; and is generally produced by the solvent action of the gastric juice. Gastric ulcers are characterized by a gnawing, circumscribed pain coming on directly after meals; tenderness on pressure in the same place; and vomiting and hemorrhage usually associated with constipation. *Treatment*—Aside from *peptonized food* (p. 84); or milk as diet (if vomiting has ceased), or *rectal alimentation* (p. 137), *Sublimate* (p. 13). For the relief of pain, *Morphinum* (pp. 38 & 110); and in case of hemorrhage, *ice per os* and *Ergot per anum* (383). For other stomachal diseases see the several heads as Gastritis, Gastralgia, Enteritis, Dyspepsia, Hemorrhage (Hæmatemesis), etc.

STOMATITIS—STOMACACE (Stomatitis ulcerosa)—STOMATODYSODIA (Fetor Oris)—STOMATOMYCOSIS, etc. See Mouth.

STRANGURY—Painful micturition, the urine being passed only in drops, is a constant symptom in chronic cystitis and *spasmus vesicæ*. See Bladder.

STONE. See Calculi.

STRICTURE—*Permanent stricture of Male urethra* arises from repeated gonorrhœa, intemperance, unhealthy condition of the urine, etc. *Treatment*—A bougie or catheter *à boule* is the best instrument for overcoming stricture, or prostatic obstructions. It should be

passed every three or more days, and allowed to remain each time for about 5 minutes, by which time the patient may complain of faintness. This procedure (under chloroform if necessary) must be repeated with a gradual increase of the size of the instrument, until the canal is restored to its natural calibre—it is expedient to pass a sound once a fortnight for a few months afterwards. If the stricture is very old, hard and grizly, or in cases of very irritable urethra, or where there is a false passage already, metallic sounds are preferable. *Electrolysis* (p. 148) is now recommended as a sure remedy, on the supposition that a chemical decomposition of the strictured part is produced by the negative electrode, resultiug in a scar, which *is soft and but slightly or not at all retractile*, similar to that, resulting from alkalies; whilst the cicatrix produced by the positive pole, *is as hard and retractile* as one caused by acids or burns. The lumen of the stricture is enlarged by a dissolution of cicatricial tissue, and the character of that tissue so altered that it no longer contracts. The sittings should take place at intervals of, from a fortnight to a month, and only mild currents should be used. The exposed end of the bougie-electrode, which consists of a stiff but pliable piano or copper wire, insulated with gum elastic or soft rubber-material, should be egg or acorn-shaped. For the treatment of *Spasmodic Stricture*, which may be due to wet and cold, irritating urine, gout, sexual excitement, piles, ascarides, and other sources of intestinal irritation, see Bladder, (Retention of urine). If from gonorrhœa or indulgence in liquor, or cantharides—whether taken internally or applied as blister—this form is usually associated with



inflammation. For *Stricture of female urethra*, see *Urethra*; for *Stricture of rectum*—Rectal Diseases; of *Cervix Uteri*—Uterus; etc.

SUBINVOLUTION OF UTERUS. See Uterus.

SUBSULTUS TENDINUM—Movements of the wrist, perceptible to the touch, constitute one of the ataxic symptoms in typhoid, which denote gravity. Subsultus is usually associated with grasping at invisible objects (*carphologia*) and fumbling with the bed-clothes, etc.

SUMMER COMPLAINT. See Cholera Infantum.

SUNSTROKE. See Insolatio.

SUPPRESSION OF MENSES AND OF URINE. See Amenorrhœa, resp. Ischuria.

SUPPURATION—One of the terminations of inflammation, the product of which is pus; and though essentially a morbid process, it is customary to speak of healthy pus, if it accompanies the beneficial process of granulation. See Abscess.

SWEAT. PROFUSE OR STINKING. See Ephidrosis.

SYNCOPE—Complete and sudden loss of sensation and motion with diminution or suspension of the pulsations of the heart and respiratory movements, characterized by a death-like pallor of the face—convulsions even may occur—and due to a sudden deficiency of arterial blood in the brain, caused by either, direct loss of blood or by too feeble action of the heart. *Treatment*—Recumbency, with the head low down and some cold water dashed in the face, with perhaps some stimulant, *brandy, ether* (36); or *Ammonia* (pp. 44 & 73) will generally suffice to shorten a fit of fainting. Compression of the abdominal aorta and of the arteries of the upper extremities may sometimes be required. See Insolatio.

SYNOVITIS. See Joints.

SYPHILIS—Whilst the soft chancre may stand as the type of a spreading ulcer (see Chancroid), the true or hard chancre may be an insignificant pimple, which, however, is the starting point of a peculiar cachectic state of the system, called *Syphilis*, creating a multiplicity of diseases, which is just as astonishing as it is with regard to the time in which they may appear, or to the difference in the severity; and due to a specific virus, usually communicated by impure sexual intercourse. As a rule the primary sore, which is characterized by a circumscribed induration with very scanty discharge, if any—ulceration, inflammation and suppuration, if present, being accidental—and healing without medication, is situated somewhere on the genitals; but it may be met with on the lips, the fingers and elsewhere. The sore is mostly accompanied by inflammation of the glands in the groin (bubo), which is usually multiple and indolent. About six weeks after this primary affection, secondary symptoms make their appearance: A crop of copper-colored blotches on the skin of the arm or chest; raised mucous patches on the lips, palate or throat; scabs from little pimples on the scalp and falling of the hair, attended with more or less malaise, headache or rheumatism. When the first outbreak has disappeared, there is a liability of a relapse and a fresh set of symptoms: perhaps iritis; nodes on the bones; scaly patches on hands and feet with headache and pains in the bones. However there is no invariable order, for periostitis may be the first and only symptom, with no eruption whatever. Rarely six months will pass before the first outbreak appears; but sequelæ may occur after

more than twenty years. As regards the diagnosis of chancre, it has to be borne in mind that the syphilitic character of the primary lesion, whether it consist in a raised pimple, a fissure, a shallow ulcer or a mere excoriation, may not be apparent for some weeks; and moreover, that some other lesion may co-exist. *Herpes præputialis*, which may be confounded with chancre, begins with extreme itching and a sense of heat; the red patches are soon surmounted by minute, very transparent vesicles, which in about 24 hours having become larger and opaque, will be confluent on the third day, and break a few days later leaving a slight ulcer: This being touched with caustic, may become hard like that of chancre. Again, there may appear on the prepuce minute aphthous-looking points, which do not pain and are perfectly harmless, though they may be rather obstinate, some of them healing, while others are breaking out. *Psoriasis præputii*, consisting of very painful, irritable and bleeding cracks or fissures around the edge of the prepuce must not be forgotten. From balanitis, chancre is easily to be discriminated by the extent of the excoriations, and—if phimosis be present—by the profuse discharge and the pain being not confined to one spot, which are diagnostic of the former. Finally it should be recollected that, as chancre may infect the smallest, hard, discolored spot, crack, fissure, etc., anywhere, an enlargement of the nearest lymphatics should be looked for—above the elbow if the finger be infected, below the jaw if the lips. *Treatment*—As the primary sore will heal of itself in three to six weeks, any simple application will do, be it *Sod. Bicarb.* or *Calomel* (286 & 329), *Mercury* internally will hasten the

healing process; but as it by no means will avert secondary symptoms, and moreover, inflammation or spreading ulceration forbid its use (see Chancroid) it is generally safer to do without it; unless one believes in small doses of *Hydrargyrum cum Creta*, which is said to prevent induration, when exhibited for about six months (p. 12). For the treatment of inflammation of the inguinal glands, see Bubo. For the various eruptions the *steam bath* is a good auxiliary; and if pimples or patches should prove very obstinate, *Ungt. Hydr. nitr.* more or less diluted, will accelerate the cure. For loss of hair a pomade containing a little of the same ointment will be useful. Condylomata (see Warts—Skin), and ulcers require applications of *Mercury* (286 & 353); *Cuprum* (340 & 47); *Cocaine* (330); or *Mangan* (402); and *Acid. nitric.*, especially in foul ulcers of the *velum* and *alae nasi*. In sore throat, *caustic* (288); or *Sublimate* (286, 298 & 371). For gummata *Iodine* (401 & 2). The pain of nodes is frequently relieved by *blisters*. The remedies for constitutional syphilis are *Mercury*, *Iodine* and *Chrom* (pp. 12–14 & 110); *Aurum* (3) *Sarsaparilla* (1); and *tonics*—*Quinine* (pp. 75 & 6) *Acid. nitro-mur.* (p. 71); etc. Mercury should not be given, if the general health be much impaired; and it should be suspended or abandoned altogether, if robust persons get thinner, weaker and haggard under its use.

TABES DORSUALIS. See Ataxia loco-motor.

TÆNIA (Tapeworm). See Helminthiasis.

TEETH—Toothache (*Odontalgia*) from inflammation of the pulp is characterized by agonizing pain, the teeth becoming tender and loose; the periosteum and gum inflamed, and an abscess may form. See Parulis

(Mouth). *Treatment*—*Creosote*, *Cajeput*, *Chloroform*, *Cocaine* (285) etc. on cotton inserted into the pulp-cavity are the usual remedies. *Neuralgic toothache*, which is very common in the earlier months of pregnancy and characterized by paroxysms, is best treated by large doses of *Quinine* (p. 11) together with *aperients* (p. 88) and *alteratives*. *Gelsemium* (p. 33) is much recommended. The *rheumatic form*, which is characterized by the pain “flying about the jaw,” and affecting several teeth in turn, will be relieved by *blue-pill* and *aperients* with small doses of *Colchicum* (p. 90), followed by *Ammon. hydrochlor.* in half-drachm doses every four hours, or *Iodine* (18). *Caries*—a softening and decay, which will gradually spread till it reaches the central cavity of the tooth—requires filling; and *Necrosis*—if the tooth is black, unsightly and loose in the socket—demands extraction in case of causing inconvenience. For *Teething* see Dentition.

TELANGIECTASES, where there is very little or no perivascular connective tissue new growth (see Nævus) may more or less be destroyed by *scarification*, linear or punctate, as in *acne rosacea*, and with or without *Chrom* or *Phenol* on the needles, as sometimes used in pigmentary deposits. However it may be well to inject *Cocaine* (247) or freeze the part with *ether spray* before operating. Pressure will control the subsequent bleeding. Afterward the part is to be washed with *alcohol* and covered with a thick layer of *Collodion* (415).

TEMPERATURE—If the normal heat of the body be measured within the axilla and taken as ranging between  $97.5^{\circ}$  to  $99.5^{\circ}$  (in the rectum and vagina the temp. will be about one degree higher)  $101^{\circ}$  will indicate a

febrile state of a mild form, and as the degree of temperature bears a direct relation to the amount of waste products furnished by the body, a rise of the thermometer above this, will be proportionate to the severity of the pyrexia. *Hyperpyrexia*, the temperature called of, and above  $107.5^{\circ}$ , which sometimes occurs in rheumatism, scarlatina and pyæmia or after some injuries of the brain, is usually a fatal sign. The lowest extreme of temperature ( $77^{\circ}$ ) is occasionally met with in the cold stage of cholera. It also falls suddenly in some cases of pneumonitis, typhoid and puerperal fever. A fall of the temperature is considered more grave than a like rise, *one degree below the standard* denoting even more danger than  $2\frac{1}{2}^{\circ}$  above. In order to measure the temperature, which is usually higher in the evening than in the morning, and which can best be ascertained between 7 and 9 a. m., and between 4 and 6 p. m., the thermometer should be left in the axilla for at least three minutes, remembering at the same time, that the pulse may rise ten beats per minute for every degree of the thermometer.

TENESMUS—An urgent and distressing sensation, as if a discharge from the intestines, resp. bladder must take place, although none can be effected. See Dysentery and Bladder.

TESTICLES (*Testiculi*—*Didymi*)—Acute inflammation of the testis—*Orchitis seu Hernia humoralis*—is characterized by aching pain, involving the cord and extending to the loins, followed by swelling of the epididymis (*Epididymitis*), with exquisite tenderness, vomiting and fever. It mostly occurs in conjunction with gonorrhœa through an extension of inflammation from



the urethra; especially in persons who indulge in liquor, or neglect wearing a suspensory while employing injections. *Treatment*—Suspensory bandage and *ice* with *leeches*, if necessary, and *purgatives* (p. 88), *Antimony* and *Opium* (pp. 23 & 37). Afterwards *Lead* and *Opium* (337) or *Belladonna ointment* (350). *A deep puncture* made into the body of the testis with a thin, sharp knife relieves instantaneously, and requires as after-treatment only an aperient with cooling lotions. After the acute stage *compression* by means of strips of *adhesive plaster*: The uppermost strap being placed round the spermatic cord immediately above the testicle, and the skin protected by a strip of lint to prevent cutting, the straps are applied in the long axis of the testis, radiating across the centre of the scrotum below, so as to cover the whole organ. Chronic inflammation of the testis (*Sarcocoele*) is characterized by more or less tenderness, swelling and hardness, with occasional pain, and frequently accompanied by some effusion (*Hydro-sarcocoele*). Unless a sequel of the acute form, it may be caused by chronic rheumatism or syphilis, but generally it is due to stricture of the urethra. *Treatment*—Aside from the constitutional treatment and the wearing of a suspensory, *cold lotions*, *Tinct. Jodi*, *Iodoform* (401) etc. *Barium* (5) is said to be useful. *Neuralgia* of the testis and cord, which is characterized by paroxysms of pain with tenderness and slight swelling, requires aside from *leeches*, *lotions* and *Opium* and *Belladonna ointment*, *tonics*: *Quinine* (p. 76); *Ferrum* (p. 79), etc.

TETANUS is characterized by persisting rigidity of the muscles of the jaw and of the greater part of the muscles of voluntary motion, with paroxysms of tonic spasms,



probably owing to an intensely increased excitability of the spinal cord. If confined to the 5th and 7th nerves, it constitutes lock-jaw (*trismus*), affecting the muscles of the neck and lower jaw. The mouth in some of these cases cannot be opened by any force and its angles are drawn backward and upward, causing the expression called "*risus sardonius*." In the paroxysms of spasm, which are superadded to the persistent rigidity of the muscles, the body is generally bent backwards, (*opisthotonos*), sometimes forward (*emprosthotonos*), seldom sideways (*pleurosthotonos*). Aside from the idiopathic form, due to cold and visceral irritation (especially of the womb), it is most liable to follow lacerated, poisoned, and punctured wounds of the hands and feet; gunshot wounds; compound fractures; the pressure of bullets and foreign bodies. **Treatment**—Above all removal of cause. Of remedies may be named *Curare* (65), *Amyl* (308), *Chloral* and *Chloroform* (p. 30), or *Brom* (p. 24); *Opium* (p. 35) and *Strychnos* (p. 83). If from strychnine poison, see Table (p. 6). At the same time *nutrient enemata* (387) and *brandy* (p. 73), etc. If chronic, *shower bath*, *aperients* (p. 88) and *tonics* (p. 69); *Cannabis* or *Gelsemium* (pp. 28 & 33) and *Physostigmine* (256). In hysterical tetanus *Valeriana* (p. 38) *Hyoscyamus* (p. 33) and *aperients*. In *trismus infantum seu neonatorum*, whether due to the mother's milk, the retention of meconium, or the inflammation of the umbilical arteries from tying, it is nearly always fatal: The *warm bath*, *Castor oil*, *Physostigmine* and *Chloroform* (256 & 316) or *Opium* (p. 37) are the usual remedies.

**THROAT.** See the affections of the various parts, which are generally enumerated under that head:

Pharyngitis, Laryngitis, Catarrh (Cold in the throat), etc.

THRUSH (Stomatomycosis). See Mouth.

TIC DOULOUREUX. See Neuralgia (trifacial).

TINEA. See Head.

TINNITUS AURIUM. See Ear.

TONGUE. (See Mouth)—The tongue furnishes most valuable diagnostic hints: If thick and flabby, showing indentations from pressure of teeth, it indicates gastric and nervous irritation; if sharp and pointed—irritation or inflammation of the brain; if pale—*anæmia*; affections of spleen; and after severe hemorrhages, if very red—inflammation of the gastric or intestinal mucosa; if red or a white coating, with prominent papillæ (strawberry-tongue)—*scarlatina*; if red on edges and tip, or a red dry streak in centre—typhoid and gastric fevers; a thick, white coating—gastric derangement; a thick, yellow fur—biliary derangement; a dark, brown coating—malignant fever; if dry, blackish and tremulous—abdominal typhus; if lead-colored—cholera and mortification of lungs and stomach; if bluish—impeded circulation; if aphthous—thrush of infants; visceral diseases tending towards a fatal termination; and last stage of phthisis. If the tongue is protruded very slowly and not drawn back again—exhaustion or congestion or some pressure on the brain; if tremulous—in acute diseases of evil import; if, when protruded, it points to one side—hemiplegia of the organ; immobility and trembling—torpor of the brain.

TONSILLITIS (*Quinsy*)—Inflammation of the tonsils, mostly due to cold, is characterized by redness, rapid swelling of the part, throbbing pain when matter is formed, difficult deglutition, with foul tongue, head-

ache and fever. *Treatment*—*Cold compresses* and *ice* to be sucked or *hot fomentations*, inhalations of *steam*, with *gargles* (300) and a brisk *purgative*. *Aconite* or *Antimony* (p. 23); *Hydrarg. c. Creta* (p. 13). An application of *Argentum nitricum* (1:4 Aqua) will generally reduce tension and pain; probably prevent suppuration; and if done within the first twenty-four hours, may even abort the disease. As diet, milk, gruel and broth. If the gland continues to swell or occasions embarrassment to breathing, *an incision* should be made to unload the vessels and give exit to matter, if present: 'The tongue being kept down with the left forefinger, a straight bistoury, wrapped round with lint, except an inch and a half of its point, is passed directly into the tumor, and made to cut its way out towards the median line. *Chronic follicular tonsillitis*, being characterized by small white bodies, projecting from the orifices of the follicles is generally connected with the so-called *Clergyman's sore throat*, see Pharyngitis. *Chronic enlargement of the tonsils* is a frequent sequel of inflammation, especially of repeated catarrh in scrofulous children, and leads often to throat-deafness. Aside from a tonic treatment, as *Ferrum jodatum* (p. 14) *Quinine* (p. 76) *Cod liver oil* etc., *astringent gargles* (299); inhalations of *hot water* with twenty drops *Creosote* or *Tinctura Jodi*; *Argentum nitricum* (gr. xx:  $\frac{3}{4}$  j Aqua); or *Tinctura Jodi* by means of a sponge-probang; or a submucous injection of *Iodine* (292).

TOOTHACHE (Odontalgia). See Teeth.

TOPHI ARTHRITICI. See Arthritis.

TORTICOLLIS. See Wry-neck.

TRACHOMA. See Eye.

TRANCE. (*Ecstasy*)—A condition in which the mind, absorbed in a dominant idea, becomes insensible to surrounding objects, the body remaining in some cases, immovably fixed, as in catalepsy.

TREMOR—Alternate contractions and relaxations of muscles in rapid succession. Aside from being incident to old age or due to poisoning with mercury—*Tr. mercurialis*—, or as consequence of certain lesions of the brain, it occurs as a result of the abuse of spirits, habitual use of opium, nicotism and sexual excesses, when it is functional, the tremulousness affecting especially the hand, seldom extending to the lower extremities. **Treatment**—Removal of cause, if possible, and **tonics** (p. 69); in *Tr. mercurialis*, **Iodine** (p. 14); in *Tr. senilis*, **Morphinum** and **Zinc** (80 & 195) may be tried. Trembling, characterized by feeble, rapidly recurring and rhythmical movements, increased under mental excitement and physical exertion, and followed sooner or later by paresis is called *shaking palsy* or *Parkinson's Disease* (*Paralysis agitans*). Here the remedies are: **Tonics**—**Arsenic** (p. 9) **Barium** (p. 10); **Strychnos** (p. 83); or **Ergot** (p. 78); and **sedatives**—**Belladonna**, **Brom**, **Cannabis**, **Chloral** etc. (pp. 23–30).

TRICHIASIS. See Eye.

TRICHINOSIS—(*Trichiniasis*) is a disease caused by *Trichina spiralis*, a parasite of about 1 mm. in length, which, belonging to the class *nematoda*, is found in the muscles of swine. The disease is characterized by abdominal pains, vomiting and diarrhœa, followed soon by pains in the muscles, together with more or less constitutional disturbance. The symptoms occur within ten days after eating trichinous pork in an uncooked or

not sufficiently cooked state, that is, as soon as the young worms have been produced and become developed, so as to begin their migration towards the muscles. The parasites, having been in the muscular tissue of the pork in a quiescent state—coiled up within a cyst—by the process of digestion are set free in the stomach, whence they pass into the intestines, where they prodigiously increase in size and number. They then penetrate the *mucosa* of the intestine, and rapidly find their way to the different muscles, where they become again encysted, and though quiescent, will retain their vitality for an indefinite time. **Treatment**—The usual remedies employed, are *Benzin*, *Phenol* and *Salicin* (pp. 103 & 105).

TRICHOMYCOSIS (*Tinea Sycosis*). See Head.

TKISMUS. See Tetanus.

TUBERCULOSIS is an infectious disease, caused by the *tubercle bacillus*, and characterized by the production of tissue and of inflammatory products, which appear both, in the form of nodules and as a more diffuse inflammation, and which rapidly undergo caseation. **Treatment** is essentially of a hygienic nature in conjunction with *tonics*, especially *Ferrum* and *Ol. Jecoris* (pp. 15, 79 & 84), whatever the seat of the local process may be. See Chronic Laryngitis and Phthisis (Larynx & Lungs).

TUMOR signifies increase in volume by the growth of new tissue, which does not perform any physiological function. As swellings, due to inflammatory processes, œdematous infiltration or hypertrophy, etc. are no real tumors, though frequently called so in “common parlance,” their description with treatment will be found elsewhere, *T. albus*—Joints; *encysted, vaginal*—Vagina; *vulvar* and *pelvic bloody*—Hæmatocele; *vascular of*

*meatus* (urethral caruncle)—Urethra; *fecal* (retained feces)—Constipation, etc. *Treatment* according to the nature of the growth; in some cases parenchymatous injections of *Phenol* (239) are recommended. In malignant forms, *Argentum nitricum* (403) or an injection of an acidulated solution of *Pepsin*? For *ovarian tumors* see Ovaries; for *malignant tumors*—Carcinoma.

**TYMPANITES (Meteorismus)**—An accumulation of gas in the stomach, small intestines or peritoneum. If in the latter, it constitutes sometimes a most distressing symptom of peritonitis, which may easily be distinguished from the other forms by the disappearance of the liver sound, on percussion, *the tympanitic resonance* having extended over that organ, so as to change at once into the *full lung-tone*. Barring this, and those forms which develop occasionally in other acute diseases, tympanites occurs mostly in dyspeptic disorders, and in connection with some uterine diseases. If indigestion be the cause, the gas is derived from either, putrefactive or fermentative changes in the ingesta; if irritation of the uterine nerves, the abdominal ganglia, together with the solar and semi-lunar plexus may be secondarily affected, in consequence of which the digestive functions suffer, leading to sudden secretions of gas. (The disability to expel the gas is the consequence of a paralytic state of the muscular fibres of the intestines due to over-distention or defective nerve-power, see Hysteria). *Treatment* according to cause—Vegetables and other articles of diet, which easily ferment, must be avoided. If hysterical, *tonics*, especially *Iron* and *Quinine* (pp. 76 & 79). Sometimes a tumblerful of cold water by its tonic impression on the intestinal canal will



be of service. Or *Aloes*, *Colocynthis* and *Jalap* (pp. 89, 90 & 96). In very troublesome cases, an elastic tube may be introduced into the rectum and carried up the bowels for several inches above the promontory of the sacrum, which will give immediate relief, unless there is excrementitious matter in the intestines, which must be removed by *Terebinthina* (217 & 385). See Dyspepsia.

**TYPHLITIS** (*Typhlo-Enteritis*, Cœcitis)—Inflammation of the cœcum is characterized by pain and tenderness corresponding to the situation, attended by vomiting, diarrhœa, and more or less fever. It is generally associated with inflammation of that portion of the peritoneum, which covers the cœcum, with the additional symptom of circumscribed tympanites in consequence of paralysis of the muscular tunic; and chiefly due to detention of feces and the presence of irritating substances. Sometimes it leads to fecal abscess (*Perityphlitis*). *Treatment*—Rest; *poultices* and *mild laxatives*—*Ol. Ricini* or small doses of *Salts*; or what is still better three times daily an *enema*, given through a long flexible tube, which is carried upward to the sigmoid flexure. For pain, *Opium* (p. 35); if an abscess is formed, *aspiration* as soon as fluctuation is felt.

**TYPHOID** (*Typhus abdominalis*—*Ileo-typhus*)—Continued or enteric fever is an infectious disease, mostly due to drinking of polluted water, with lesions of the intestinal lymphatic structures, which are specific and always associated with enlargement of the mesenteric glands, especially those in immediate relation to the *Peyerian* patches and solitary follicles, and characterized by a long prodromic stage: Chills, irregularly recurring, and followed sometimes by perspirations;



loss of appetite, mental irritability, frontal headache, with pains in the loins and limbs; looseness of bowels, and frequently *epistaxis*. In the first days of the fever wakefulness is a prominent symptom; this is soon followed by a pseudo-somnolent state (*coma-vigil*) and a kind of muttering delirium (*typho-mania*), with *carphologia* and *subsultus tendinum*, terminating occasionally in true coma. About the 7th day from the time of taking to the bed, there appear usually on the chest isolated papules of a pink color, whilst in the latter part of the disease miliary vesicles (*sudamina*) are common. A gradual rise from day to day of the thermometer, with its oscillations of about one degree and a half between morning and evening temperature for the first week is diagnostic; and so is *tympanites*, tenderness or pain and a gurgling noise, on pressure in the ileo-cæcal region with the *diarrhœa*, which looks not unlike pea soup. There may be however constipation and sometimes hemorrhage from the bowels. Walking cases of typhoid (*Typhus ambulatorius*) are those, in which the symptoms are so slight, that the patient need not take to the bed. Barring complications, which are many and various, the *treatment* is the same as employed in all essential fevers—Aside from *Quinine* (p. 11); *Salicin* (27 & 29); *Baptisia* (4); *Veratrum* (p. 39); etc., *Sponging*, or the *wet sheet* with sprinkling, or the *pack* (420), whenever the axillary temp. reaches 103°, or that of rectum 102½°. At the same time supporting measures: *Brandy* (p. 72) and food at intervals of from 2–4 hours—milk, eggs, broth, etc. If headache, the *ice-cap*; if insomnia or delirium, *Opium*, *Brom* or *Hyoscyamus* (pp. 27, 33 & 35); *Antimony* or *Digitalis* (pp. 23 & 50).

Constipation requires *enemata* (385); diarrhœa, *Alum* or *Bismuth* (pp. 46 & 62); tympanites, which depends on a paralytic condition as result from enteritis or peritonitis, may be relieved by *Terebinthina* (pp. 68, 95 & 137); and externally with *hot fomentations*. Hemorrhage demands *astringents*—*Ergot*, *Creosote* or *Plumbum cum Opio* (pp. 64–67), or *Terebinthina* and *cold compresses* to abdomen; coma, *blisters* (408) or *sinapisms* to nuka—if dependent on uræmia, *saline hydragogues* (p. 96) unless contra-indicated by abdominal symptoms, in which case *Pilocarpin* (p. 50).

In children and infants a *warm bath* will generally answer better than a cold one or the pack; but very often *cold applications* to the heart are quite sufficient to reduce the temperature. Quinine should only be employed in persistent enlargement of the spleen, as it is liable to produce diarrhœa or tenesmus. *Antipyrin* may be given instead, but in conjunction with a cardiac stimulant, in order to avoid any debilitating effect on the heart: gr. v *ter v. quater die* to child of three years. In tympanites, *cold applications* or *enemata* of *cold water* are sometimes serviceable, though as a general rule *Ol. Terebinth.* (385) will do more good. In diarrhœa *Naphthalin* gr. ss–j *bihorio*; or *Salol* gr. j–iij at the same intervals, will generally improve the stools and diminish their number. Constipation should, as a rule, not be interfered with, at any rate, if peritonitis present; otherwise *enemata* of *warm water*, perhaps with *Ol. Terebinth.* will usually suffice in the most obstinate cases. Or *Ol. Ricini* 3 ss–j every few hours; or small doses of *Calomel* (gr. ss–j). Perforations require aside from *cold compresses* to abdomen and *hot applications* to feet,

*Opium* in conjunction with *stimulants*; hemorrhage should be treated with *ice* to the right hypochondrium, and internally, *Alum* or *Plumbum* with *Opium* and *Digitalis* (p. 50). Half a minim of Tinct. Opii every hour or two, will act both as a cardiac-stimulant and astringent. When there is the slightest brain complication *not* depending on the infection itself or anæmia, neither opium nor alcohol must be given, though it may appear indicated by the condition of the heart; however the former is well tolerated, and relieves sleeplessness and the general irritability, if the cerebral symptoms belong to anæmia or to the infection alone. Before the tenth day after the fever has disappeared no solid food should be allowed. Raw fruit must not be given under any circumstances; and the little patient should be kept still in bed for at least a fortnight after the disappearance of the fever.

TYPHUS (*Typhus exanthematicus*—*Ship fever, etc.*), is a continued fever, usually due to contagion in conjunction with broken health from deprivations and hardship incident to poverty. The symptoms during the development of the disease are essentially those of typhoid, with the exception of the *pathognomics* of that disease. Moreover the prodromic stage is very short or wanting; and a copious persisting eruption (if present) of *dark red maculæ* appears already in the first few days of this fever, the skin assuming nearly all over a dusky hue. *Treatment* similar to that of typhoid; *Salicin* (p. 18) is particularly recommended.

ULCER—An open sore from softening and disintegration of structure in consequence of a wound, bruise, abscess, injury or disease. *Treatment*—Cleanliness,

rest, bandaging or strapping and exclusion of air, with *purgatives*, and if necessary *anodynes* for the relief of pain in conjunction with proper attention to the general health, are the chief points. The healing ulcer or common sore should be covered with dry lint, if there be much discharge; else a dressing with *simple ointment* or *Ungt. Zinci*, which should not be changed oftener than every three days. If the granulations should be too luxuriant, it may be touched with *lunar caustic*; or it may be treated with lotions (*Zinc* or *Phenol*, etc). Inflamed and irritable ulcers require *poultices*, with or without *Poppy*, *Opium* or *Conium*; afterwards *Liquor Plumbi* or *Blackwash* (400). The foul or sloughing ulcer is best treated with *Bismuth*, *Creosote*, *Mercury*, *Resorcin*, *Phenol* or *Salicin* (393-399). The indolent sore requires similar applications, after having applied strips of *adhesive plaster* two-thirds round the limb, from one inch below the ulcer to one inch above it. A thick layer of *phenol-gauze* should be put over the dressing, after which the limb has to be bandaged from the toes to the knee. Varicose ulcers of the leg must be *bandaged*. In syphilitic and scrofulous ulcers *Iodoform* (401) is usually employed. For *ulceration of bladder*, see Bladder; for *ulceration of cervix*—Uterus (Degeneration); *of cornea*—Eye; etc.

ULCUS VENTRICULI (Gastric ulcer). See Stomach.

UMBILICUS (Prolapse and Bleeding). See Hernia umbilicalis, resp. Menstruatio vicaria.

In the new-born the navel will sometimes suppurate, even before the stump has dropped off, which, unless arising from want of cleanliness, is generally due to a leucorrhœal discharge from the vagina of the mother.

In syphilitic infants the navelstump, instead of mummifying on the fourth or fifth day, as is normal, will remain soft and attached for perhaps more than a fortnight, thus exposing them to navel inflammation and septic infection. To prevent such a gangrenous or putrid condition, not only the cord should be tied with an aseptic ligature (416), and cut with scissors, which have been made aseptic by passing them through a flame; but also the stump should be wrapped in a piece of *burnt* linen (with a hole for its passage), after having been washed with *bor water* (260), and cautiously dried. If in spite of these precautions the navel should ulcerate, or proud flesh sprout from its side, the part must be dusted twice a day with *Calomel* (400). *Argentum nitricum* 2%, as used for the prevention of gonorrhœal ophthalmia, is also recommended.

URÆMIA—Uræmic poisoning is characterized by coma, epileptiform convulsions and sometimes delirium, even amaurosis, preceded generally by headache, vomiting and diarrhœa. It is due to an accumulation of excrementitious substances, especially urea, in the blood, in consequence of impaired or interrupted functions of the kidneys. The urine contains albumen and as a rule dropsy is present. For treatment see Coma.

URETHRA (MALE). See Gonorrhœa resp. Stricture.

URETHRA (FEMALE)—*Urethritis* in women occurs mostly after hard labor; but it may be also a consequence of a faulty introduction of the catheter during pregnancy, and is characterized by great tenderness on passing the finger along the course of the urethra; more or less discharge, and frequent micturition. *Treatment* consists in *saline purgatives* (p. 95); *diluents*—*Nitrum*

*gr. x ter die in Decocto Lini; Aconite* (35) and perhaps *Buchu* (p. 47). Locally *Argentum nitricum* (364), especially if there should be some ulceration at the border of the meatus.

*Prolapsus Urethræ* known also as *procidencia* and *eversio urethræ* consists of prolapse of the mucous membrane, which encircles the meatus like a roseate projection, and unless the result of hard labor, depends on a relaxation of the part in connection with a broken-down health. It is characterized by much sensitiveness, great liability to bleed, and difficult and painful micturition. Sooner or later it may cause pruritus vulvæ, with a leucorrhœal discharge and even ulceration from the parts being exposed to friction of the dress, etc. From caruncle, polypus or angioma it may be easily differentiated by its entirely surrounding the meatus. **Treatment**—The patient being anaesthetized, the prolapsed tissue should be drawn down with tooth-forceps and removed by encircling it with the *galvano-caustic wire*, placing for some days a catheter in the bladder if necessary. Existing ulceration should be treated first with *caustic*. Sometimes *astringent injections* (359 *et seq.*) with attention to the general health will effect a cure—*Magnesia* (218); *Ferrum* (175); etc.

**Urethral Caruncle**—A vascular tumor, soft and fragile, varying in size from that of a pea to that of a pullet's egg, situated on the border of the meatus, sometimes extending up the canal. It is almost always accompanied by a mucous discharge, excessive pain in sexual intercourse, in walking and micturition; and will sooner or later affect the general health by causing nervousness and depression of spirits. **Treatment**—After



having covered the adjacent parts with hardened lard, so as simply to expose the tumor, it is freely touched with *Acid. nitric.* (329), which may be repeated after a few days if necessary; or it may be cut off, and *Potassa fusa*, or solid *Chloride of Zinc*, applied to the surface, to prevent its reproduction. If Potass has been employed the parts should, after its use, be washed with diluted vinegar; if Zinc, they should be well oiled. If it is necessary to introduce the *caustic* within the urethra, it must be by means of a *porte-caustic*. The best operation is however with the *galvano-cautery*, since by this means the hemorrhage, which is sometimes very profuse, is not only stayed, but a relapse is also prevented. Before the operation the patient should be thoroughly anæsthetized, and the labia well separated by an assistant on each side. When the urethra has been invaded, it should be thoroughly stretched by small retractors, held by assistants, and the growths thus exposed be cut off with scissors, or scraped from their attachment by a *steel curette*. After removal they should be touched with *Arg. nitr.*, *Acid. nitric. fumans*, or the *actual cautery*. *Angioma*, which affects the urethro-vaginal tubercle or anterior half of the urethro-vaginal septum, attaining sometimes a large size, so as to project between the labia, requires the same treatment. It can easily be differentiated from caruncle by its want of sensitiveness.

*Stricture*, which is characterized by difficult micturition, pain upon pressure along the urethra, and sometimes a mucous discharge, is best treated by mechanical dilatation with *graduated bougies*.

URINE (see page 154)—*Incontinence* occurs in most inflammatory affections of the urinary organs, nervous



diseases, paralysis, etc., see Bladder; for *Retention*, (inability of expelling the urine, though the bladder is filled), being due to deficiency of contractile power of the bladder, stricture of the urethra, etc., see *Retention*; for *Suppression* from inaction of the kidneys, the bladder being empty, see *Ischuria*; and for *Hæmaturia* (the passage of blood with the urine), see Hemorrhage from the kidneys.

*Urinary Deposits*, if precipitated from the urine, after it has been voided, are called sediments; if however already formed in the bladder or kidneys, they are known as gravel. Red gravel, consisting of *lithic or uric acid crystals*, tinged with coloring matter, indicates generally a highly acid state of the urine, and forms the sediment observed in fevers, gout and chronic diseases of the liver. It may exist with highly plethoric conditions, and may, on the other hand, be a sign of debility and malassimilation. The *amorphous lithates of ammonia, soda, and lime*, form a very common sediment, varying in color from nearly white or yellow to dark red.

*Oxalate of lime*, presenting letter-envelope-like crystals, which are easily recognized under the microscope, is generally deposited from acid urine containing lithates, and indicates feeble assimilation and exhaustion of the nervous system. The *phosphatic deposits*, aside from being a result of irritable bladder with excessive secretion of mucus, caused by a primarily over-acid urine, which on account of its urea being decomposed into carbonate of ammonia, has turned alkaline, are due to a primarily alkaline, or insufficiently acid state of the urine, mostly dependent on excessive acidity of the stomach. Unless arising from changes in the bladder, the

phosphates usually indicate anæmic dyspepsia or undue wear-and-tear of the brain from overwork.

A fit of gravel is generally accompanied by pains in loins and hips; aching of the testicles; and frequent micturition. Sometimes there is languor, fits of headache, sour perspiration and nettle-rash, with despondency and other symptoms of indigestion, or a disordered state of the constitution; especially in Oxaluria. *Treatment* according to causation—In red gravel of robust and strong persons, aside from a bland diet, *Liquor Potassæ* (119); or *Benzoin* (pp. 45 & 46 & 58) with occasionally a *purgative* (p. 97). In feeble persons a nutritious diet with *tonics* (p. 69), especially *Acid. nitro-mur.* (pp. 42 & 43), which is also indicated in oxaluria and phosphuria, in fact in all cases, where taste is foul or flabby, denoting impaired digestion. If there are sour eructations, flatulency, etc., whether the urine be alkaline or not, *alkalies* in small doses (p. 53). *Chloral* (p. 29) as hypnotic; and in oxalic and phosphatic cases, *Conium* or *Bell. suppositories* (375), to allay local irritation; or *Cocaine* (see Neuralgia). Of other remedies may be mentioned, for lithiasis, *Lithium* and *Arctostaphylum* (pp. 51 & 68); for phosphuria, *Acid. sulf.* (pp. 61 & 72); for oxaluria, *Ferrum* (pp. 79–81); *Quinine* (p. 76); *Zinc* and *Strychnos* (pp. 83 & 86).

URTICARIA. See Skin.

UTERUS—In the majority of cases, a diseased uterus, which has been for a long time in an abnormal condition, will be found enlarged and displaced; there will be most likely catarrh of the lining membrane, a granular condition of cervix; and probably, slightly enlarged and sensitive ovaries. A proper examination (p. 126)

of the womb has to be made, whenever existing symptoms of a female disease cannot be explained otherwise.

*Displacements*—In *anteversion*, there are sometimes no symptoms whatever; generally, however, the pressure of the *os* against the posterior vaginal wall will induce dysmenorrhœa and sterility; whilst the pressure of the fundus against the bladder and the cervix against the rectum will cause there irritation. In the former there will be a state, bordering upon cystitis; and in the latter, tenesmus and pain; besides neuralgia in consequence of compression of the nerves, and more or less difficulty in locomotion. Anteversion is generally combined with flexion, and if it is complete, the uterus will be found lying at an angle of  $90^{\circ}$  to the normal—the axis being taken to be a line passing from the umbilicus to the point of *os coccygis*; if partial, the angle may not exceed  $45^{\circ}$ . *Treatment*—The patient should be placed upon her back on a table, after having previously emptied the bladder by a catheter and removed all tight clothing from the abdomen. Then two fingers, well oiled, should be passed into the vagina so as to reach with their tips the body of the uterus, which will have forced the walls of the bladder down before it, and the patient directed to take a deep breath. Now, while the latter expels the air gently by a prolonged expiration, the operator presses up the body of the uterus with the fingers in the vagina, and the abdominal viscera and fundus with the other hand on the abdomen. After the fundus is lifted, the hand on the abdomen must keep it up until the cervix has been pulled forward towards the symphysis with the fingers in the vagina. The retention of the uterus in position is generally effected by an

internal pessary; but if we have no skill in its use, it is better to employ one with a stem arching over the perineum, or going over the symphysis and anterior abdominal walls. A still safer plan for the inexperienced is to merely lift the displaced organ without rectifying the anterior displacement and keeping it in that position by the ordinary ring – or *Gariel's* air pessary in conjunction with the abdominal pad of wood or cork.

*Retroversion* sometimes gives neither rise to any symptoms, though a fixed, gnawing pain in the back, discomfort in walking, and pain in defecation with tenesmus of rectum and bladder are common. Very severe symptoms are sure to follow *sudden* retroversion, the result of succussion: The patient falls to the ground, and is unable to rise, suffers from suppression of urine and feces; and is often in such agony that the face is bathed with perspiration, and the pulse becomes weak and fluttering. Like anteversion, it may produce congestion, areolar hyperplasia, dysmenorrhœa, sterility, etc; and the pressure of the fundus on the sacral plexus causes at times complete paraplegia. Retroversion has three degrees: The uterine axis lying to that of the superior straight at an angle of  $45^{\circ}$ ;  $90^{\circ}$ , (thus lying across the pelvis); and  $133^{\circ}$ , the cervix being thrown up, and the fundus descending. *Treatment*—Standing at the back of the patient, who is placed in *Sim's* position (p. 127), we introduce index and middle finger of the right hand to the fundus, their palmar surfaces being directed to the rectum: The uterus is now lifted upon the *inner* surface of the fingers, until it becomes erect, then their dorsal surfaces (the back of the nails) are made to push the organ over into the normal position.

Or a sponge, fixed in a sponge-holder may be introduced and pressed into the *fornix vaginae*—this latter procedure may be made still more effective by carrying another sponge-staff up the rectum. If it can't be reduced in this way, the patient is made to kneel upon a table, with the chest resting on it. Two fingers of the right hand are now carried against the fundus, elevating it forcibly, whilst the patient, after having taken a deep breath makes a profound expiration. Should this plan fail too, the buttocks should be still more raised by placing cushions under the knees, and the attempt repeated with two fingers in the rectum. In cases, requiring no particular force, Sim's repositor may be employed, or, if not handy, the uterine sound: Having introduced it, the handle should be held with the left hand, and while the tips of the fingers of the other hand press upon the staff near its middle, thus making of the sound a lever; it must be pushed back gently to the perineum. This movement will lift the uterus and partially restore it. Now the tip of the sound is made to revolve very gently, and the uterus carried into a condition of anteversion. For its retention *in situ* a *tampon* of *carbolyzed cotton*, or a *sponge*, saturated with *carbolyzed glycerine*, either of the size of a small hen's egg, may be carefully pushed as far as possible into the *fornix vaginae*, the uterus being held in a state of complete anteversion by means of a repositor or sound. Then the sound being removed, a large roll of *aseptic cotton* should be placed below the cervix and a little *anterior* to it, so as to lift this part up into the hollow of the sacrum against the roll in the fornix. The tampon (369) may be retained for 48 hours without inconvenience. Af-

terwards, when a pessary is employed, care should be taken, that it create no discomfort, as in such a case a most violent cellulitis may result. In fact, *pessaries should be always controlled*, as besides cellulitis or peritonitis they may produce not only vesico, recto and utero-vaginal fistulas, but even pass out of the vagina into the rectum or bladder. While a pessary is kept in the vagina, daily vaginal injections should be made (358 *et seq.*).

*Flexion* is quite frequent, in slight degrees, in nulliparous women, without constituting a disease; during childhood it is even the rule. As at the point of any flexion the cervical canal is always more or less closed, the ingress of fluids is prevented, and sterility commonly results; at the same time is the egress so much interfered with, as to produce dysmenorrhœa, hæmatometra, hydrometra, and accumulations of mucus, which latter again results in endometritis, and even hæmatocele by regurgitation. A consequence of venous hyperæmia, arising from hindered reflux of blood at the point of flexion is œdema with tumefaction and genuine hypertrophy of the body of the uterus. In fact, neck and body will become tumid, tender and painful, the mucous lining so congested as to secrete excessive amounts of mucus and blood; and the tissues of the organ, excited to excessive growth by prolonged blood stasis, undergo in time marked hypergenesis. Besides these consequences there may be a tendency to abortion, menorrhagia, ovaritis and salpingitis, granular degeneration, uterine neuralgia, pelvic peritonitis, cystitis and rectitis. With regard to *Anteflexion*, a certain degree of it may exist for years, without the development of symptoms. Sooner



or later there will be, however, pain over the hypogastrium, in groins and back, increased by locomotion and sexual intercourse; with irritable bladder, leucorrhœa, dysmenorrhœa, neuralgia, and all kinds of nervous disturbances. In *Retroflexion* there will be in addition, severe backache, weight in the rectum with tenesmus; uterine colic or tenesmus, and gastric disorders.

**Treatment** of reducible flexion—*body bent forward, axis of neck normal*. The bowels having been evacuated, pelvic and vaginal irritation removed by warm injections and rest in the dorsal decubitus, the uterus sound is introduced to the fundus as straight as it can be made to pass, and then the handle, being held in one hand, is carried to the symphysis, whilst the tips of the fingers of the other are pressed against the shaft of the sound near the middle, so as to make a fulcrum, by which manœuvre the flexed uterus is elevated and brought towards the hollow of the sacrum. Now the sound should be very gently rotated so as to complete retroversion with partial retroflexion. The patient should remain in bed for a few days. *Cutter's* pessary (modified) may be applied, and the abdomen pressed inwards by means of an ordinary obstetric bandage with a folded towel under it as a compress. In case of pain the bulb of the pessary should be replaced by a soft sponge, which is however to be removed every 24 hours. In *Flexion with neck bent forward, the axis of body being normal*, the sound, slightly bent forward, should be carried to the fundus, and the body thrown backwards, where it must be held for several minutes, in order to straighten the uterine canal. Now *Hurd's* pessary, which must exactly fit and fill the vagina, may be in-



troduced to keep the cervix backward; care being taken that it does not get incarcerated, which will sometimes happen, especially if the pessary is too small. Afterwards *Meig's* ring should be worn for some time, to prevent the upward and forward pressure of the vagina. As in any form of flexion there is generally more or less contraction of the cervical canal, it is well to finish the cure by dilating it with graduated sounds. *Irreducible flexions*, which mostly are congenital and one wall of the uterus well developed by excessive growth whilst the other is atrophied, may be corrected with the *intra-uterine stem*, provided the patient can bear it; or the *knife*. Before the introduction of the stem, the cervix, if found to be too contracted, should be dilated by one or more *sea-tangle tents* (p. 130), which for the time will straighten the uterus and dilate the canal. After introduction the patient should be kept in bed for several days, and upon leaving it, should be very careful in her movements for some time. During menstruation the instrument must be removed; likewise when there is pain, chilliness or feeling of general languor and discomfort.

In *Retroflexion* the patient is placed on her left side, with the left hand drawn behind the body. The operator stands now behind her, his face looking towards her occiput, and the line of the anterior surface of his body being about on a level with one passing through the patients body at the base of the sacrum. He now passes two fingers of his right hand, after having lubricated them, with their palmar surfaces towards the posterior wall of the vagina up to the fundus. Then, bending forwards, he, by the tips of his fingers, pushes the fundus upwards, while, by their bases he retracts the

perineum, elevates the posterior vaginal wall, and admits air freely to the vagina. If this method should fail, *the knee-chest position* may be tried. Should the sound be used, it must be introduced but slightly bent to the uterus: Holding the handle in the left, the tips of the fingers of the other hand should be placed on the shaft to carry it towards the perineum as far as possible. The uterus being now to a certain degree straightened and elevated, the sound should be rotated so as to throw the fundus forward, at the same time the handle of the instrument held in one hand has to be carried towards the patient's back, so as to advance the tip as far as possible towards the abdominal wall. For its retention, any pessary will be of use, provided the fundus be light and easily reducible; but if it be heavy or rebellious, Cutter's will be preferable—the stem pessary will only be indicated, if the vagina unites so low to the cervix as not to leave a post-cervical space. If there be much tenderness, a sponge or the inflated soft rubber pessary may be advisable; or still better the fornix may be packed with *medicated cotton* or *sponge* to elevate the whole uterus as in retroversion.

*Irreducible flexions*, due to old false membranous attachments are better left alone, unless the patient is very much suffering from the displacement, as in treating it, we always incur the risk of peritonitis. In case the flexion be due to parenchymatous alteration, all that can be done, is to bend the body cautiously forward once or twice a week, by means of the sound or repository and then keep it in anterior inclination with a retroflexion pessary or Cutter's modification. Sometimes the fornix should be filled with a *soft moist sponge* and

the body sustained by a *tampon of cotton* in the vagina. In these cases the patient should be kept very quiet, and all pain should be soothed by the free use of *Opium* to prevent peritonitis.

*Lateroflexion* of the uterus, which is either a consequence of disease of its proper tissue or of direct pressure, requires generally the *intra-uterine stem*.

*Prolapsus Uteri* may even in the third degree remain without marked symptoms; but generally congestion, areolar hyperplasia and granular degeneration occur, which render it sensitive and intolerant of pressure or friction. In the first degree, the fingers passed up the vagina, will meet the *os* low down in the pelvis, *pressing upon the floor*; in the second degree—the patient being examined standing—the *os* will be found at the *ostium vaginae*, prevented from extruding only by the resistance of the sphincter muscles. As congestion and hyperplasia affect not only the parenchyma of the uterus, but also the mucous membrane and submucous tissue, endometritis is invariably a consequence of prolapsus. The vagina, which as the uterus descends is inverted, makes constant traction upon the *os externum* by its cervical attachment, until the canal becomes completely everted, turning the *os internum* literally into the external and only *os uteri*, the real *os externum* having disappeared by expansion. Dislocation of the bladder, which by uterine descent may happen to such extent, that, if a catheter be introduced, it will pass downwards and backwards, is also a grave complication, since traction and dislocation not only tend to the production of cystitis, but this is further induced by reflex irritation and by decomposition of urine, retained in the pocket,

formed by the inverted wall of the bladder. By a similar process prolapse of the anterior wall of the rectum occurs, and results in fecal impaction at this point.

Sudden or acute falling of the womb may come on from any great effort, a fall, or violent contraction of the abdominal muscles, acting upon a womb which is enlarged by hyperplasia, subinvolution, pregnancy or tumor. It may even occur to a uterus normal in size and constituency: In an instant the patient feels that something has given way within her, becomes prostrate and much alarmed, suffering pain of an expulsive character. Should in these cases reduction not be effected at once, violent pain will be felt over the sacrum and groins and the degree of traction exerted upon the pelvic peritoneum may result in dangerous inflammation.

**Treatment**—The patient, after thorough evacuation of the rectum and bladder, if this be possible, should be placed upon her knees and chest, in order to cause gravitation of the pelvic and abdominal viscera towards the diaphragm. She should kneel upon the floor or a table and ten or fifteen minutes should be allowed to elapse before any efforts are made at reduction, in which time the existing congestion of the viscera will greatly diminish. The operator then taking the cervix into the grasp of his index, middle and ring-fingers, pushes the uterus firmly upwards in coincidence with the axis of the inferior strait, steadying at the same time the patient by placing the left hand upon her back. The pressure has to be kept up for fifteen minutes and longer until the uterus is restored to its place. It remains now to adopt proper measures in order to sustain the organ *in situ*, which, as a rule, is no easy matter. If for in-

stance, the prolapse is associated with subinvolution, prolapse of the vagina, and rupture of the perineum, a most frequent combination, the three factors—*increased weight, feeble supports, and traction*—have to be taken into account. To prevent pressure from above, it will be imperative to avoid the accumulation of urine or feces, and to shun tight clothing; the use of skirt-supporters will be of more or less advantage. Means for diminishing the uterine weight are, treatment of inflammation, hypertrophy or congestion; removal of growths and perhaps amputation of the cervix. Means for strengthening or supplementing uterine supports are, aside from douches, cold hip baths, and recumbent posture, *local astringents*—*Tannin, Alum or Iron* (359–61) in conjunction with an invigorating diet, *sea bathing* and general *tonics*—*Ergot, Ferrum, Strichnos* (pp. 78–83); and a *pessary*, *provided a morbid condition of the part does not forbid its use*. Sometimes an *india-rubber ball* is preferable, as it is soft and unresisting. Care, however should be taken, that the air is squeezed out, and that the hole is looking towards the vulva, so that it may again become distended, as soon as it is properly lodged in the vagina. Moreover a string should be attached to it, that the patient may be able to remove it daily to have it cleaned. If the uterus thus has been fixed, a *cold hip-bath* and morning and night an injection of *cold water* or *Alum* and *Zinc* in connection with a *cathartic*—*Rheum cum Aloes* (197 & 216) will do a great deal of good. Before resorting to a pessary the patient should be kept in the recumbent posture for a few days with the feet of the bedstead elevated about six inches, for the purpose of allowing congestion to

pass off. At the same time *mild cathartics* (p. 91) to remove fecal matter and stimulate circulation, may be given with *astringent vaginal injections* to harden the tissues for the reception of the pessary, and to cause contraction of the distended superficial blood vessels of the vagina. If the weight of the uterus be but moderate, an internal pessary will do—Meig's elastic ring, Hodge's, Smith's, etc.—provided it does not distend the vagina, and can be worn without discomfort. It should however be kept clean by irrigation with an astringent at least once a day, and should be examined from time to time, to make sure that it is not cutting into the tissue. If the uterus be too heavy or the prolapse of the 3d degree (*procidentia uteri*), Cutter's pessary with a stem curbing over the perineum, will be preferable. The cup at its extremity receives the cervix, and the instrument can easily be removed at night, and replaced in the morning by the patient herself. As regards the means for preventing traction by the vagina, partial relief may sometimes be obtained by applying to the weak part a *pad* or *cushion* filled with cotton, hair, or air, combined with an abdominal supporter, to which it may be attached. In *Procidentia*, especially during pregnancy, a *soft compress* with a T bandage, for the support, together with a *mild aperient* to keep up a soluble state of the bowels. The proper remedy is, of course, the restoration of the perineal body (*perineorrhaphy*), and the narrowing of the vagina (*elytrorrhaphy*).

Simple Prolapse may sometimes be cured in from six to eight weeks, by the daily performance of a process of massage and uterine elevation in conjunction with certain gymnastics. The elevation of the uterus cannot be



carried out without the aid of an assistant, who, with one hand, has to push up the uterus in the vagina, keeping it in a state of ante flexion, while he puts his other hand on the abdomen, exactly over the uterus. The operator, standing at the foot of the table, on which the patient is lying, lays now his two hands, strongly supinated, flat on the abdomen, the fingers being pointed towards the pubes, and grasping the fundus between them, raises the uterus gently but steadily upwards, in the pelvic axis. When the organ has been elevated as far as is possible (which may be as much over its normal level, as it had been prolapsed), it is allowed to slip from between the hands, and sink slowly until its descent is arrested by the assistant's finger, which has remained in the vagina to fix, and keep it in a condition of ante flexion. This movement of elevation is repeated two or three times at each sitting, a few minutes interval being allowed between each, during which time the assistant massages the fundus in order to stimulate it to contract. To carry out the second or gymnastic movement, the patient should be placed in the exaggerated stone position, *and closing the knees and thighs*, she should elevate the sacrum, so that the body rests on the elbows and feet only. In this position, the operator forcibly separates the knees, whilst the patient resists him as much as possible. Having repeated this procedure about three times, a contrary movement—the patient lying *with the knees widely separated*, and the operator bringing them forcibly together—is now practiced for as many times; when the patient should turn over on the face and remain in that position for about ten minutes, which closes the sitting.



*Inversion* is generally a cause of mismanagement in the removal of the placenta after childbirth. The uterus should be fixed with one hand near the *symphysis pubis*, whilst the tips of the fingers of the other hand are placed in the middle of the projecting part and pushed upwards, indenting the uterus until the point has passed through the *os*, when it will get into its place as easy as possible. When the uterus is again right, the hand must not be retracted too suddenly, as it might invert again. The bowels should be kept in a soluble state by *salines* (218).

*Uterine Colic.* See Menstruation and Ovaries.

*Uterine irritation* is mostly a consequence of defective menstruation, and liable to produce a host of nervous disorders—neuralgia, convulsions, paralysis, even epilepsy. At each menstrual crisis the peripheral extremities of the spinal nerves, which are distributed on the *cervix uteri*, as well as the extremities of the sympathetic, which pass to the upper portion of the womb, being subjected to unusual irritation, this irritation may be transmitted *directly* by the spinal nerves, and *indirectly* by the sympathetic filaments to the brain and spinal marrow. *Treatment* is directed to the causative disease—*Potassa* (p. 54); *Brom* (p. 26); *Morphia* (255); *Arsenic* (p. 10); *Argentum* (p. 74); etc. Locally *suppositories* of *Iodoform* or *Belladonna* (374 & 75).

*Endometritis acuta* is characterized by a swollen and very sensitive cervix; a discharge clear and albuminous-looking, or consisting of long tenacious shreds of cervical mucus, which comes from the gaping *os uteri*; accompanied by pain in the back, and groins; burning in the vagina, which sometimes is very dry and

hot; and vesical and rectal tenesmus. Occasionally there is tympanites or diarrhœa, due to reflex irritation of the rectal nerves. It is caused by direct injury; cold from exposure during menstruation or stoppage of same; excessive venery; etc., etc.; and may be complicated with vaginitis, cystitis, pruritus vulvæ and various eruptive disorders. When occurring in the non-puerperal state, it may without treatment go on to recovery; sometimes it will eventuate in the chronic form of mucous inflammation, or in a slight hyperplasia; but if the inflammation should extend, it may even prove fatal. **Treatment**—Complete rest; a warm *linseed poultice* covered with oiled silk, over the hypogastrium; and for the relief of pain, *Opium* (p. 37). No cathartics unless constipation. As soon as the discharge becomes more copious, *emollient injections* (358) three times a day.

*Chronic Cervical Endometritis*—Cervical Leucorrhœa is characterized by a glairy mucus, discharged by the *glands of Naboth*, which are especially involved in the morbid action, producing soon abrasion round the os. The hypertrophy, which by degrees develops in the villi, is called *granular degeneration*. The usual symptoms are, dragging sensations about the pelvis, pain in back and loins and menstrual aberration. Sooner or later nervousness will supervene and sometimes a disordered digestion, coupled with nausea and even vomiting. Occasionally the disease is complicated with an extension of the os and lower portion of the canal to such an extent as to keep up inflammation there by the friction of the membrane thus exposed, against the floor of the pelvis. Other complications are a very troublesome vaginitis, cystitis and a cervical hyperplasia, which will

produce great pain during coition. Of the many causes, which give rise to this disease, may be named artificial abortion, excessive coition, vaginitis, obstructive dysmenorrhœa, laceration of cervix, polypi, displacements, and pessaries. Though an alterative influence, which exerts a complete change in the economy, as parturition, a change of habits, and the like, may result in a cure, the disease is usually very obstinate—the mildest case lasting about six months under the best treatment; and in multiparous women it generally passes into cervical hyperplasia with its train of ailments, which will cause a life of misery. *Treatment*—*Saline cathartics* combined with *tonics*—*Magnesia* (219), to keep the bowels in a soluble state; *Acid. nitro-mur.* (p. 71) in enfeebled digestion; and *Brom* (p. 25 *et seq.*), if much nervousness; with *emollient injections* (358) twice a day as in endometritis. If the *os* be contracted, it must be above all dilated, which is best done by snipping the external fibres of the *os* with scissors for one-fourth of an inch, touching the raw surfaces with *caustic*, to prevent union, and keeping a plug of greased lint or cotton in the canal for a week; or a *tent* (p. 130) or *sponge* may be used, as they, to a certain extent, are also free from danger, *as long as they do not penetrate the os internum*. After dilatation the mucus may be removed in the following manner: After having slipped upon the extremity of a long-piped hard-rubber syringe (of 1 oz. capacity), which can be worked with one hand, a bit of gutta-percha tubing, the free portion of which projects half an inch, it is introduced as far as the *os internum*, when the piston is powerfully retracted. If the matter is purulent or starchy and not tenacious, a stream of water may be

projected from this syringe against the cervix, and the whole removed by suction; or this may be done by a small pledget of cotton, wrapped round a probe. The latter instrument will also answer for the application of the remedial agent to the canal—a strong solution of *Zinc, Salicin* or *Iodine* (343, 348, 354 & 55). A very good plan is to rub a probe, coated with *caustic*, against every part of the investing membrane, and dipping it carefully in its convolutions. After the application a stream of water should be projected against the cervix, after which some cotton saturated in *Glycerine* (369) may be placed over it. The cotton has to be removed in twelve hours (by means of a thread which has been attached to it for that purpose). Or the probe with the cotton, which has been soaked in the solution selected—zinc, copper, iron, lead or bismuth with opium, conium, or hyoscyamus, etc., etc.—is passed into the cervical canal so as to engage within the *os internum*, when the cotton may be slid off by means of the slide and left within the canal. After twelve hours it has to be removed.

In cases where a glairy and very tenacious plug of mucus is hanging from the os, the glands must be destroyed with *Acid. nitric. fumans* or *chromicum* (344). This has to be followed, like the other applications by an injection of water and a wad of cotton. In ten days or a fortnight a slough of the cervical mucosa will take place, after which the surface should be painted over twice a week with *Argenti Nitras*. If these means should prove ineffectual, the glands must be removed by *Sim's curette*.

*Chronic Corporeal Endometritis (Uterine Catarrh or*

*Uterine Leucorrhœa*)—Internal Metritis lasts generally for years; and though it may confine itself to the mucous membrane, as a rule it will gradually excite congestion and exuberant growth in the adjacent parenchyma—hyperplasia; sometimes a want of nutrition may take place, eventuating in distention. Barring the pain in the back, groins and hypogastrium, there is often tympanites, *symptoms of pregnancy* and nervous disorders—especially neuralgia confined to the crown of the head. The most prominent symptom however is a profuse leucorrhœa *more or less tinged with blood*, particularly for some time after menstruation, which latter is also faulty—either profuse or too scanty. The most frequent complications are: Displacement, granular degeneration of cervix, vaginitis and pruritus vulvæ. *Treatment* is similar to that of cervical endometritis: Improvement of general health and local applications—*Chrom, Zinc, Ferrum* (344 & 48); and *hot douches*. Internally, *Strychnos* (172), but without Ferrum, if menorrhagia; and other *tonics*. As regards intra-uterine injections, they should *never be made without securing an immediate reflux* (by a double-canula syringe), the *os internum* must be properly *diluted*, or a *tent* (p. 130) must be previously used. In fact, injections should *never* be used in a sharply flexed uterus before replacement, *never* just before or after a menstrual period; and *never* when *pelvic peritonitis* or periuterine *cellulitis* has recently existed. At the same time care should be taken never to inject with force, and to allow no air in the syringe. It is best to begin always with a weak alkaline injection of warm water (not below 85°) to test the tolerance of the uterus; and the organ should always be washed out before a stronger solution is used,

which should be of the same temperature. The patient has then to lie down until all sense of discomfort has passed; if however there should be uterine colic or pain of some sort, *Opium* must be given freely. Intra-uterine *scarification* is another way of assisting the cure; but if there are fungoid granulations, mucous cysts or polypi, the little *copper curette* is preferable.

*Areolar Hyperplasia of the Uterus*—Chronic parenchymatous Metritis is no inflammatory process, but consists of a proliferation or hypertrophy of the areolar or connective tissue of the uterus, accompanied by congestion and nervous hyperæsthesia. It is, as a rule, a consequence of subinvolution; but it may result from displacements, cervical endometritis, or sexual intercourse; from the latter, when excessively indulged in, shortly before or after the menstrual period, as the uterus, being an erectile organ, is subject to active physiological congestion. Sometimes cardiac diseases and abdominal tumors, which produce blood stasis and œdema in the feet, the *labia majora* and the parts about the vagina, will affect the uterus in the same way. *Cervical Hyperplasia* is characterized by a swollen and painful cervix, which may be as large as a small orange and fill the vagina, compressing the rectum to such an extent, as to interfere with its functions. On account of the displacement caused by the great weight, the congestion is still increased, and the patient suffers, until the menopause at least from endometritis, granulation and the ordinary symptoms of displacement—sometimes however atrophy will take place. If the affection be *general* or *corporeal*, the symptoms attendant on the mentioned diseases are still of a graver nature: A dull,



heavy, dragging pain through the pelvis, much increased by walking; pain in defecation and coitus, before and during menstruation; pressure on rectum with tenesmus and hemorrhoids; on bladder with vesical tenesmus; nausea and vomiting; darkening of the areolæ of the breasts; great nervous disturbance and sterility. Neoplasms and periuterine inflammation may be confounded with corporeal hyperplasia in its first stage; the latter however will *fix* the uterus, create hardness and swellings in the iliac fossæ and pouch of Douglas; whilst in fibrous growth, conjoined manipulation and the sound will assist in the diagnosis. Internal metritis may be also suspected in comparative young women, though all the signs of early pregnancy are present, provided menstruation is not suspended. The second stage of areolar hyperplasia or sclerosis might be confounded with scirrhus; but there is no cachexia, nor tendency to hemorrhage; and a sponge-tent will soften the tissue and not leave the cervix hard. *Treatment* must be first directed towards the complications, which usually accompany hyperplasia (the more so, as in most cases nothing beyond can be done)—displacements, fungoid growths, granular degeneration, laceration of cervix, and vaginitis. Prolapse will be benefited, by means of Meig's *pes-sary*; retroversion by Hodge's *double lever* or one of its varieties. Fungoid growths, this source of congestion, metrorrhagia and leucorrhœa must be removed by gently scraping the whole cavity with the *wire-loop curette*; and laceration of cervix, which aside from congestion, causes not only neuralgia but intense nervous irritation, both, immediate and reflex, and which is frequently overlooked, especially if the excoriated walls of the cervix



have been treated for some time by caustics, should be repaired by fixing in the parts of the severed lips tenacula and then to approximate them as accurately as possible. *Before the suture is applied, their inner surfaces have to be, of course, thoroughly pared.* The complications being removed, there remains a large, heavy uterus, the tissue of which is exuberant, the blood vessels enlarged and the nerves in a condition of hyperæsthesia. This state requires, barring general treatment with rest, great discrimination with regard to local applications. If the uterus is very tender a few ounces of blood may be taken occasionally by *puncture* or *scarification*: A sharp and narrow bistoury or tenotomy knife is passed up to the *os internum*, and cutting through the mucous membrane and the superficial layer of muscular tissue, it is withdrawn through the external os. In cases of amenorrhœa, three or four *leeches* may be applied through a speculum of sufficient size to contain the entire vaginal portion of the cervix, after the latter having been thoroughly cleansed and the os been plugged with a pledget of cotton, to which is attached a thread for removal. Now a few punctures should be made into the cervix, the leeches thrown in and the speculum filled with some cotton, pushed towards the bleeding surface. When they have ceased sucking, all clots of blood should be removed by a sponge or some cotton. and after the withdrawal of the speculum, a large sponge, squeezed out of warm water, should be placed over the vulva. After this, in fact, after any kind of local depletion, the patient should be kept for some hours perfectly quiet. Once a week an *alterative*—*Tinct. Jodi comp.* or *Iodoform* (348), may be applied by means of a

brush of pig's bristles to the *os internum*; or even to the fundus, should endometritis exist, and over the whole cervix, to be repeated as soon as it has dried, and then covered with a *tampon* (369). Should the hyperæmia be persistent, counter irritants—*vesicating collodion*, prepared with *Acidum aceticum* may be applied by means of a camel's hair brush to the whole vaginal cervix and os, followed a few minutes after by a stream of cold water, projected upon it to prevent any escape into the vagina. Afterwards the *Glycerine-tampon* should be applied for its hydragogue effect, whilst the patient is kept perfectly quiet for several days. The vagina must be cleansed with warm injections, and as soon as the discharge shows a tendency to cease, the blistering may be repeated. Vesication may be also produced by applying *Argentum nitricum*, which after having destroyed the epithelial covering and sloughed off, leaves a granulating surface, that may be dressed with *glycerine* or any of the *alteratives*. If injections (358) are used, they may be put in a tub, across which there is a board for the patient to sit on. Instead of Davidson's syringe, a fountain syringe is often preferable, as the patient may then lie on a lounge, with the buttocks projecting over its edge and the feet supported upon the floor, without tiring herself with the working of the instrument. If the cervix should be too bulky, a part of its vaginal portion may be removed by encircling it with the *galvano-caustic wire*. As regards the general treatment, *ferruginous* and *vegetable tonics*—*Potassa*, *Acid. sulf.* (155 & 173–177) in case of spanæmia; and *alteratives* to the bowels in conjunction with a nourishing diet may be tried. During the stage of enlargement

(before contraction of the exuberant tissue has occurred), *Ergot* (p. 65) will be of value, if kept up for some time.

*Chronic (soft) Engorgement* from passive congestion with loss of tonicity in the blood vessels, which is always accompanied by profuse menstruation, and not uncommon in the climacteric period, requires *cold injections* into the rectum (about 8 oz.); internally *Tinct. Ergotæ* (3 j *bis die*), and regulation of bowels. Sometimes *Ruta* or *Borax* (pp. 38 & 55) will answer very well—In chronic engorgement with amenorrhœa, a dozen of *leeches* applied to vulva, and the bleeding to be promoted by *fomentations*, with *Calomel* (p. 92) at night, if necessary or *salines* (p. 96) as circumstances may indicate; and the whole procedure to be repeated at the time of the expected menses, when there is much bearing-down pain. In *induration* or hard engorgement, *revulsive bleedings* from the arm every fortnight with *saline aperients*, or *slight scarifications* twice a week, if necessary; but the best remedy perhaps is *Hydrargyrum iodatum flavum* (12) if not contra-indicated by the general state of health.

*Granular Degeneration of Cervix* presents various forms: In *abrasion* the epithelial covering is removed and the villi are destroyed; if the papillæ increase in size and project like granulations, the looped capillaries, which they contain, become also hypertrophic and varicose and naturally bleed easily, constituting the *varicose ulcer*. If the surface becomes coated with a false membrane, it is called the *diphtheric ulcer*. Eversion of the cervix with increase of the villous hypertrophy in the crested folds of the everted membrane represents the *fungous ulcer* or *coxcomb granulation*. The light forms may produce no symptoms whatever; however

the severer ones will be characterized by more or less pain in back and loins; leucorrhœa, profuse menstruation; sometimes hemorrhage after intercourse; tendency to anæmia; nervous disorders and perhaps hysteria. Barring diseases which keep the villi of the cervix constantly bathed in an ichorous fluid, cervical degeneration will be caused by any influence producing congestion of the uterus, or anything, which keeps up friction against the cervix. On the other hand, the affection will keep up a hyperæmia in the neighboring parts, and will even exert a reflex influence on the ovaries. *Treatment*—Aside from special attention to the general health, copious injections should be made daily—*Zinc, Alum, Tannin*, etc. (359); sometimes *suppositories* are of use (357). *Argenti Nitras* (343) with a coating of *styptic collodion* (415) may be applied once a week. (The latter does not only protect the part from friction and discharges, but acts also as a direct alterative, and diminishes congestion by compressing the excoriated villi with their increased vascularity). Other alteratives are: *Cuprum, Ferrum, Iodine, Phenol* and *Chrom* (344, 47, 48, 51 & 67). In simple eversion the hemorrhoidal mucous membrane must be destroyed by touching it with *Acid. nitric. fumans* (329); or it may be cut off with scissors. If it be due to *laceration*, the edges of the cervical fissures should be accurately united by *deep sutures* of silver wire, after having pared them with long scissors. In coxcomb granulation, the growths must first be snipped as close as possible to the mucous membrane with a pair of long-handled scissors, or scraped off by means of a *steel curette*, before making the local application. If the congestion can not be mastered by means of the

various applications, a few superficial *incisions* in the sub mucous tissue of the cervix with a curved bistoury, as indicated in hyperplasia, may be tried. Well fitting pessaries, supporters, etc., will occasionally be of value.

*Cystic or Follicular Degeneration*, called also *Acne*, *Herpes*, or *Aphthæ* of the Uterus, is an inflammation of the mucous glands of the vaginal cervix, characterized by a number of vesicles of the size of a millet seed, which after bursting, leave depressions, where the papillæ undergo hypertrophy and appear like red, elevated tubercles of the size of a hemp seed. The disease is generally secondary to cervical endometritis, hyperplasia and granular degeneration. *Treatment*—The cysts should be opened with a bistoury and then thoroughly cauterized with *Arg. nitr.*, *Chrom.*, or *Hydr. nitr. acid.* (344). If this should be of no avail, the vaginal face of the cervix must be removed by means of the bistoury, scissors or still better by the *galvano-caustic wire*.

*Cystic Degeneration of the Chorion* is called the peculiar metamorphosis of this membrane, which it may undergo, when, having remained attached to the uterine walls after expulsion or death of the embryo. See Hydatids.

*Subinvolution*—The uterus is said to be in this state, if, after delivery, the retrograde evolution has been checked or retarded by certain influences, so that it remains flabby and large. About the fourth day after the birth of a child the muscular fibres of the uterus begin to undergo fatty degeneration, the fat thus formed, is absorbed and the organ usually has required its normal size about the eighth week. Subinvolution constitutes the chief cause of *all chronic uterine disorders*.

**Treatment**—*Ergot* (p. 65) with or without *injections* of *hot water* (358); *Uva Ursi* (151) is sometimes used, and *Cacao* locally (354). See Areolar Hyperplasia.

*Stricture of the Cervical Canal*, which is one of the causes of dysmenorrhœa and sterility, may be remedied by means of graduated bougies, tents (pp. 129 & 130), or expanding instruments; sometimes a superficial incision through the whole course of the canal (with a narrow-bladed bistoury, if a hysterotome be not at hand) may be necessary. A sound should be left in position for several minutes, and upon its removal, another may be inserted, until the distention deemed practicable at one sitting is attained, which ought to be done at least ten times at intervals of from 5–7 days. Or a *small-sized metallic male catheter* may be glided on the index finger of the left hand previously introduced into the vagina. On reaching the os the handle must be depressed in order to give an upward direction to the curved portion of the instrument corresponding to the axis of the uterus. After having entered the cervix, a few oscillatory movements may be given to the instrument, and then it may be withdrawn. If very painful, *Chloral* (365). See Dysmenorrhœa.

*Imperforate Os Uteri* unless congenital, is the result of injury, as injudicious probing the womb, which is sometimes done by women in order to abort, and which may result in closure of the canal. It will soon cause enlargement of the womb from retained menstruation, (*Hæmometra*), accompanied with symptoms of pregnancy, as morning sickness and tumefied breasts, *which has to be borne in mind in cases of young girls whose reputation is criticized*. Diagnostic is the closure, resp.

entire absence of the two lips of the os, instead of which there may be found in the middle and lower portion of the uterus, *corresponding with the os*, a slight circular depression. **Treatment**—The index finger of the left hand being introduced into the vagina, up to the central and lower portion of the cervix, to serve as guide, a *curved trocar* is carried with the other hand and made to penetrate the womb from below upwards, parallel to the axis of that organ. In order to prevent the closure of the cut, a *soft bougie* must be kept there for a few days, whilst the patient remains in a recumbent position.

*Hydrometra* is produced by the accumulation of the fluid (secreted as a consequence of chronic endometritis) due to some obstruction in the cervical canal, and occurring frequently in elderly women. Aside from the enlargement, there will be from time to time colic pains of a bearing-down character. **Treatment**—Removal of the liquid by means of *sounds, tents* or *trocar*.

*Physometra* signifies the accumulation of gas in the cavity, easily to be recognized by the tympanitic sound on percussion. **Treatment**—After removal of the gas, *Mercury* (p. 12) until ptyalism, followed by *Acid. nitric.* (p. 9) and *tonics* (p. 61).

*Neuralgia of the uterus* is characterized by pain, increased by sexual intercourse, and accompanied generally by a mucous discharge. Sometimes there is a pain in the back, sometimes in the lower portion of the abdomen or in the loins, sometimes it is limited to the urethra; it may go and come; it may be periodic; and it may be so severe as to make coition impossible—it may even produce convulsions or mania. This rheumatism of the womb or hysteralgia has an analogon in the



specific pain of the testicles in the male, and in the neuralgia of the labia externa in the female; the former being propagated through the ileo-scrotal, and the latter through the ileo-pudendal nerve from the lumbar region. The catarrh is here but the result of a peculiar state of the uterine nerves, like the increased secretion of saliva, as affected by a savory dish. *Treatment*—If symptomatic of disease of the womb, this has to be attended to; otherwise powerful revulsives to the spine, as a *nitric acid issue* on the side of the lumbar vertebræ, with *cauterization* of the *os uteri* or even an *incision* of the cervix. *Ungt. Belladonnæ* or *injections* of *Opium* (381) will occasionally relieve. If marked by periodicity, *Quinine* (p. 11).

*Rupture of the womb* is accompanied by severe pain and a noise like a loud click, and the child will be felt high up near the umbilicus. Here is *Cæsarian section* indicated and prompt action necessary: A cut of six inches at least should be made, if necessary to the umbilicus, but half an inch on the side of it. After removal of the child, with placenta, the blood, *Liq. Amnii*, etc., the uterus must be sown up again, as the stitches will not hurt in the peritoneal cavity.

*Moles* are generally made up by polypoid and fibrous growths, blood clots, and the membrane of congestive dysmenorrhœa; but sometimes they are connected with pregnancy, when they consist of a part or the whole of the fœtal shell or placenta. As a rule, the whole of the products of conception is swept away by uterine contractions, in case the life of the fœtus has been destroyed by adverse influences; sometimes however the shell of membranes will cling to its attachment and become

to a certain extent organized, to be expelled as an anomalous substance, which resembles the product of conception at the second month. The condition may be suspected, when, aside from uterine enlargement there appear menorrhagia or metrorrhagia, hypogastric weight and uterine tenesmus with uneasiness; and in cases connected with pregnancy, cessation of the signs belonging to that state. **Treatment**—After having proved its existence by microscopical examination of a small piece of the mass, removed for that purpose (*if necessary*), the cervix should be fully dilated by *tents* (p. 130), and uterine action caused by the persistent use of *Ergot* (p. 65). Should this fail, the mass must be removed with a *large uterine scoop*, or by traction with the *placental forceps*.

*Hydatids* consist of small, oblong sacs, which are pediculated and distended by a serous fluid, so as to appear like a bunch of grapes; and if due to the presence of the *acephalocyst*, very dangerous on account of the hemorrhage, which generally is more profuse than that occurring at child-birth. See Cystic Degeneration of Chorion. Aside from the usual signs of pregnancy, as enlargement of the womb, nausea and vomiting, which are associated with this disease, *there are at certain intervals bearing-down pains, accompanied by a discharge of a watery liquid*, which constitutes the distinctive feature; for, as the hydatids increase in volume, the most dependent ones will irritate the neck of the uterus, thus causing contraction and their rupture: hence the periodical discharge of water. During the process of expulsion of the hydatid masses, there is generally profuse hemorrhage. See the latter for treatment.

*Polypi*, which always give rise to irregularities in the menstruation, especially to much loss of blood, vary in size from that of a pea to that of a foetal head. In the mucous species, which is essentially vascular, there is more loss of blood, than in the fibrous type, though the hemorrhage is by no means in proportion to the size; on the other hand, the menses will invariably be more abundant than usual, since at that time the mucous membrane, which invests the tumor, becomes naturally congested. Aside from the hemorrhage there is frequently a mucous discharge—a result of the irritation, to which the mucous lining is subjected—and bearing-down pains, if its size and situation should be such as to cause contractions of the uterus. In addition there may be irritable bladder and in proportion to the existing anæmia, prostration, palpitation of the heart, etc., etc. *Treatment*—When the existence of the growth has been ascertained by means of a sound, *Ergot* (p. 65) should be given, to throw it into the vagina, where, guided by the index finger of the left hand, its pedicle may be seized with the small calculus forceps and twisted off. Afterwards *vaginal injections* of *cold water* twice a day with *tonics* (p. 76) internally. If the finger can be insinuated within the uterus, and a stalk be found, the ligature may be applied, and the pedicle will slough in about thirty-six hours. (If pain, the ligature has, of course, to be loosened again, as in that case, the polyp being insensible, the cervix would be implicated). If however the parts are very much relaxed, and the tumor small, it may be removed by torsion with the finger. If a polyp has been excised and there is much bleeding, the stump of the pedicle may be twisted once or twice by means of forceps. A

polypus of the mucous species can be brought away but by fragments, as it is too soft and has no resistance. The removal should be followed by a *cold injection* daily for a few days. See Hemorrhage.

*The fibrous tumor*, which develops within the uterus or on one of the lips of the *os*, is covered by mucous membrane; if it grows from the external surface of the womb, it is covered by peritoneum; and the interstitial has its origin amid the muscular fibres of the organ. Whilst the ovarian tumor is situated in one of the iliac fossæ, the fibroid lies centrally; in the former the *os uteri* becomes elevated, in the latter it is thrown downwards. The whole train of symptoms, indicating gestation, may be occasioned by the enlargement of the womb, produced by its presence *except the peculiar emphysematous condition of the areola of the breast, so characteristic of pregnancy*—frequent desire to pass water; constipation with painful evacuation; swelling and feeling of numbness in the lower limbs, and suppression of menses. There may be hemorrhoids, prolapse of the mucous membrane of the rectum, and profuse hemorrhage with great emaciation. The bladder will sometimes become so much distended, that ureters and kidneys may be involved, so as to produce coma. *Treatment*—As the tumor is occasionally spontaneously absorbed, *Iodine* (p. 15) may be tried, with *Unguentum mercuriale* (353). Sometimes it may be expelled by *Ergot* (p. 65). If the tumor projects into the vagina, or is within reach of the finger in the cavity of the womb, it may be separated with the finger or knife, after having divided the mucous membrane. For *Cancer of the Womb and Bloody Tumor of the pelvis* see Carcinoma, resp. Hæmatocele.

*Parametritis*—*Periuterine Cellulitis* or *Periuterine Phlegmon*, consists in an inflammation of the adipose and areolar tissue of the broad ligaments and of that immediately in contact with the uterus at its junction with the vagina and bladder; and is in severe cases generally associated with pelvic peritonitis, ovaritis and salpingitis. Exclusive from parturition and abortion, it may be caused by direct injury from coition, caustic applications, pessaries, operations or blows; and it may be secondary to metritis and ovaritis. *Parametritis* may result in destruction or atrophy of the ovaries, and in a permanent displacement of the uterus in consequence of strong adhesions, the product of the inflammatory process. Cellulitis proper usually passes off in, from two to three weeks by resolution; but if suppuration sets in, it will run a most tedious course; and any one of its complications may become chronic. In acute cases, following parturition, suppuration may take place in a few days; though generally it does not occur for two or three weeks. The symptoms depend as a rule, on the severity of the disease; but though the acute form may show all the signs of inflammation, fever, chills and pain, combined perhaps with dysuria or metrorrhagia, there are cases, marked only by extreme weakness, some sense of pulsation with weight about the pelvis, and hectic in the evening. In the chronic form, there may be for months after delivery general weakness with fever towards evening, but without pain; only now and then a throbbing, especially tension and weight about the organ, which is increased by walking, defecation, and urination, will remind the mother of her past trouble. At the beginning of the disease, a very sensitive little swelling may

be detected on one side of the uterus by conjoined manipulation (p. 125), which, as effusion (the second stage) advances, and induration occurs in the areolar tissue affected, will form a tumor as large as a walnut or orange, situated in the tissue around the cervix, or in one of the broad ligaments. In the third stage the uterus will be found more or less displaced in the direction opposite to the accumulated pus. (In a chronic case, the effused matter may remain hard for months, without showing signs of softening). *Treatment*—Before effusion, or at least before its complete organization, *leeches* should, in the case of a strong patient, be at once applied to the hypogastrium, followed by *poultices* every hour or two. Internally *Salicin* (p. 18), in conjunction with *refrigerants* and *sedatives*—*Nitre*, *Aconite*, *Veratrum* or *Gelsemium* (pp. 56, 22, 33 & 39). *Opium* (pp. 37 & 110) *throughout the acute stage* to relieve pain and keep the bowels constipated. Afterwards *Jod* or *Brom* (pp. 15 & 27), and *laxatives* (p. 88), especially *Mercurials* (p. 92) to keep the bowels in a soluble state and to disgorge the veins of the pelvis by acting on the liver. A valuable auxiliary will be the *warm douche* for fifteen minutes twice a day, which in the latter part of the disease may be slightly medicated with *common salt* or *Tinct. Jodi*. The treatment of the suppurative stage is indicated in the next paragraph.

*Pelvic Abscess* unless consisting of tuberculous material, deposited somewhere in the pelvic tissue, is either the result of a suppurative action in the walls of a cavity formed by an ovarian cyst or hæmatocele; or, what is most frequent, it is an inflammatory suppuration in the areolar tissue, the ovaries, tubes, the pelvic peritoneum

or the parenchyma of the uterus. The formation of pus is characterized by the symptoms of abscess in other situations: Chills, followed by fever with profuse perspirations, etc., etc. When left to themselves, these abscesses may open spontaneously and discharge through any part, viscus or foramen, and gradually heal (those, which result from puerperal cellulitis, usually discharge through the abdominal wall, whilst those, occurring in the non-puerperal form, open mostly into the vagina or rectum); or they may burrow into the tissue, to open by long fistulous tracts into some organ, as the large intestine or sigmoid flexure, or they may discharge into the peritoneum. *Treatment*—A generous diet, *alcohol* and *tonics* (p. 72). If it be decided to open the abscess, the patient should be placed on the left side, and Sim's speculum being introduced, the pus be drawn off by *aspiration*. If there is any doubt about the nature of the tumor, it should be previously explored by means of a hypodermic syringe or an exploring needle. Whether the vagina, rectum or the abdominal wall be chosen for the operation, an anæsthetic to insure perfect quietude, will be essential to a safe cure. If the abdominal wall is to be opened by trocar or bistoury, adhesion of the layers of the serous membrane should be caused first by means of a *nitric acid issue*. After removal of the pus, the sac may be filled with *Tinct. Jodi et Aqua*  $\frac{a}{a}$ , to be drawn off again at once; and to prevent closure of the opening, it may be touched with *Arg. nitr.* or *Sol. Ferri persulf.*; or some *rubber tubing* may be left in it.

VACCINATION—The matter should be taken on the seventh or eighth day, before an inflamed areola is spread around the vesicle; and it should be *lymph*, clear



and transparent, not purulent or discolored by blood. If it is desired to preserve the lymph, it may be taken on ivory points or pointed quills; or, what is still better, it should be withdrawn from the vesicles in glass capillary tubes, which are to be sealed at once by means of a spirit-lamp. The scab, which exfoliates, and falls off between the eighteenth and twenty-fifth day, made into a paste with water, is also used; but the lymph is to be preferred to the crust, though inclosed in wax, and covered with tin-foil, the latter will retain its activity for a considerable time. As regards the introduction of the virus, the situation for it should be on the outside of the left arm, near the insertion of the *deltoid*, and should be done by means of slight punctures or minute scarifications, made with a common lancet, or by scraping away the epidermis with the ivory point, having before moistened the dried lymph by a momentary exposure to steam. It need scarcely be mentioned, that, whenever possible, the lymph should be applied directly from one arm to another.

VAGINA—*Vaginismus* consists in an exquisite sensibility of the vagina, due to a hyperæsthetic condition of the carunculæ after laceration of the hymen during normal coition, which whenever touched, causes irregular or spasmodic contractions of the organ, so that even a finger cannot be introduced. An attempt at intercourse is utterly impossible, on account of the agonizing pain the act produces. See Dyspareunia. *Treatment*—In the symptomatic spasm, which is continuous, and may be the result from disease of the uterus, vagina or rectum; even from hemorrhoids and prolapse of intestines, the cause must be removed. The idiopathic form, which is

of an intermittent character, requires *injections* of *warm water*, medicated or not (365); *Belladonna* or *Iodoform* (350 & 56); or *Cocaine* (330) and other soothing applications. Sometimes it may be necessary to remove the hymen with *scissors*, or *to incise* the perineum. In most cases it will be sufficient to introduce into the vagina a *large plug of cotton* or a *conical glass speculum* to be retained there, by means of a T bandage, for about half an hour every day. Should the introduction of the plug or dilator be too painful, the patient must be anæsthetized, and the *ostium vaginæ* distended by a trivalve or quadrivalve.

*Vaginal Discharges* are either mucous, purulent, mucopurulent or watery, according to the part affected, and the disease, which gives rise to it. In addition to the causes enumerated under the head of leucorrhœa, there may be mentioned still a mucous discharge due to salpingitis, when the products of inflammation escape through uterus and vagina. In these cases a tumor generally marks the position of the *Fallopian* tube, resp. tubes, and considerable pain about the part, followed by a sudden sensation of *giving way* usually precedes the discharge, which at these times is more or less profuse. In children a mucous discharge frequently accompanies scarlatina and other exhausting diseases; sometimes it is connected with dentition, if there be a scrofulous habit, and occasionally it may be traced to want of cleanliness; but the most common cause is without doubt local irritation, in consequence of the presence of thread-worms in the rectum or their migration into the vulva. *Treatment*—Aside from *Zinc* (338) locally, *enemata* (377) with *Colomet*, followed by *Ol. Ricini* every

third night, if due to worms. In scrofulosis *Mercury*, *Iodine* or *Potassa* (pp. 13, 15 & 18), preceded by a *cathartic* (p. 93). Vaginal discharges in adults are more fully discussed in the paragraph on leucorrhœa. If from nervous disturbance, it must be treated with applications to the spine, *blisters*, *cauterization*, *issues*, or the *red-hot iron*. If it be due to excrescences in the vagina and *vestibulum*—a result from want of cleanliness, chronic inflammation of those parts, or sequelæ of venereal disease—applications of *Cuprum* (340) will be of service; or the warts may be *excised* with a pair of curved scissors, whilst they are grasped with a tenaculum or a pair of small forceps, and the cut surface cauterized with *lunar caustic*.

*Vaginitis catarrhalis*, which may be produced by exposure to cold, injury from parturition, pessaries or coitus, disordered state of the blood and the like causes, is characterized by more or less swelling of labia and vagina, throbbing heat and great tenderness on introduction of the finger, in conjunction with excoriations of the part around the vulva, profuse purulent leucorrhœa, frequent desire to pass water, and violent pelvic pains. Sometimes the inflammation extends to the *cervix uteri*, and the speculum will usually reveal the vagina much congested, its surface abraded, and in severe cases covered with follicular ulcerations. Urethritis, endometritis, salpingitis and pelvic peritonitis may be complications.

*The specific form*, caused by infection, cannot be differentiated from a discharge arising from intrinsic sources; but may be suspected if the inflammation develops with great activity and violence especially in women,

previously free from vaginal discharges; if it be accompanied with marked urethritis and bubo; and if it has been transmitted to the male by coition. *The granular form* is generally chronic, and without being necessarily specific, may produce in the male gonorrhœa. When occurring during pregnancy, accompanied by *pruritus vulvæ* and lichenous eruptions about the pubes, this form will, after parturition, usually disappear without medication.

**Treatment**—In the acute stage, a *cathartic* (pp. 92 & 96); or *Nitre* (p. 56) in conjunction with *soothing injections* (358), and if necessary *anodyne suppositories* in rectum (375). To relieve *ardor urinæ*, *akalies* (p. 54). Later, *Copaiva* (p. 48), with *astringent injections* (336 & 361). In severe cases, whether specific or no, or chronic ones, if very obstinate, it may be required to paint the vagina twice a week with *Argentum* (343)—a bivalve will suffice for this procedure, if Sim's speculum should not be at hand—, and then to introduce a *medicated tampon* (359 & 60), just large enough, to prevent the surfaces of the vagina from rubbing against each other. When the disease becomes less severe, the tampons, which should remain in the vagina for two days at a time, may be thoroughly covered with *boracic acid* in powder. During pregnancy, especially of very nervous women, only injections of tepid water, resp. frequent ablutions should be used. If complicated with endometritis, the cervix should thoroughly be dilated (not with tents, but under ether, if necessary), and a strip of *iodoform gauze* passed into the uterus, so as to protrude from the os, for the purpose of establishing a free drainage. See Endometritis.

*Atresia Vaginæ*—Imperforate vagina consists in a complete closure of the orifice of the vagina by the hymen, which on account of its retaining the menstrual blood, will be found slightly bulging. Aside from percussion of the enlarged uterus, which may be felt sometimes several inches above the superior strait, the distension by fluid of the vagina can easily be ascertained by means of a finger in the rectum and a catheter in the bladder. *Treatment*—A *crucial incision* should be made with a bistoury to evacuate the blood, and septicæmia from putrid matter prevented by warm *antiseptic injections* (368 & 397); then, after having the abdomen properly *bandaged*, the patient should be confined to the bed for a few days.

*Cystic Tumor of the Vagina* consists in the enlargement of one or more follicles in consequence of obstruction of the orifice, caused by inflammatory action. It is movable and painless, and if very small, will not cause any annoyance, if large, it will however not only interfere with defecation but also with coition and parturition. *Treatment*—A *free incision* into the tumor, followed for a few days by injections with *soap and water*. For *Vaginal Prolapse*, *Cystocele*, *Rectocele* and *Enterocèle*, see *Hernia*.

*Fistula—Vesico-vaginal*, signifies a communication between the bladder and vagina, generally a result from sloughing of the parts after a tedious labor, and characterized by constant dribbling of urine. *Treatment*—As soon as it is discovered, the patient should be made to lie on her stomach, and the healing promoted by a wash of *soap and water*, or *astringent injections* (359–61). Sometimes it is expedient to apply *the cautery at a black*

*heat* to the edges of the fistula at intervals of, from ten to thirty days, so as to prevent sloughing; or in old cases, *caustic* to the thickened edges; and as a temporary relief a *sponge pessary* to retain the dribbling. If these means fail, an operation must be resorted to. In *recto-vaginal fistula* there are in addition *mild laxatives* indicated (p. 95); but if after a time, the aperture does not close, it must be operated upon.

VARICELLI—A specific eruption of vesicles, which after the fifth day begin to dry into little scabs. The eruption, which is generally preceded for twenty-four hours by a slight constitutional disturbance, is usually called *chickenpox*, if the size of the vesicles does not exceed that of a lentil; they take the name of *swinepox*, if they are as big as a split cherry stone. Medication not required.

VARICOCELE OR SPERMATOCELE signifies a varicose state of the spermatic cord, induced by weakness of venous structure, combined with obstruction to the return of blood through corpulency, constipation and the like. If affecting both sides, it is like piles (*varix of the hemorrhoidal veins*), an accompaniment of enlarged and diseased liver pressing upon the *vena cava inferior*. In women the enlargement of the veins of the labia forms a soft tumor, which on walking increases in size and causes pain; but which disappears in the recumbent position. *Treatment* in males—A *suspensory* with *cold* and *astringent lotions* to scrotum (299); in females, aside from *cold bathing*, a *truss* or T bandage with a pad.

VARICOSE VEINS OR VARIX—Dilated veins, which present a tortuous, knotted and convoluted appearance, where valves are incapable of preventing the reflux of the

blood, and affecting, aside from the scrotum (*varicocoele*) and rectum (*hemorrhoids*), usually the legs. They cause not only pain, weight and fatigue on taking exercise, but lead often to excoriations of the skin and even ulcers. **Treatment**—*Firm pressure* by means of a pad and bandage or elastic stockings, with *cold* and *astringent lotions* (*Ferr. chlor.*) will generally give relief, especially if constipation be avoided. As a radical cure, *Faradization* (p. 150); or *subcutaneous acupressure*, by which the inclusion of skin in the ligature, and consequently much pain and soreness, are obviated, may be performed.

VARIOLA—Smallpox designates an eruptive fever, eminently contagious, which, when occurring in subjects who have been vaccinated, is called *Varioloid* or *Modified Smallpox*, on account of the disease being rendered less violent by the vaccine. It is characterized by a *re-mittent fever*, followed in two or three days by an exanthem, which appears *before, or at least simultaneously* with the cutaneous eruption, *in mouth and throat*, as round and whitish spots, peculiar to eruptions on mucous membrane. The papules on the skin which generally show first on the face, neck and wrists, whence they spread over the body, are to the touch granular, hard, and deep-seated. They turn soon into vesicles, which, presenting an *umbilicated shape*—the pathognomonic central depression—form, after having become pustules, ultimately, a scab. Scarlatina and measles are easily differentiated; for, aside from the nasal catarrh, which precedes the one, and the throat affection, which accompanies the other, in neither is the fever remitting or ceasing with the appearance of the exanthem; and as regards varicelli, the eruption is from the first vesicular,



without taking into account the insignificance of the whole disease. Moreover a mustard plaster applied to any part of the body, will not only bring out the eruption 24–36 hours sooner than usual, so that a diagnosis may be made on the first day of the fever; but by this means the eruption may be also invited to a particular part—abdomen, etc.—and thus the pitting of the face avoided; or in malignant cases, a fatal termination.

*Treatment*—*Sulfo-carbol* and *sulfites* (pp. 16 & 19), in conjunction with *evaporating lotions*; or *Iodine*, *Chloroform*, *Collodion*, etc. (413 & 414), and evacuation of the vesicles by means of a fine needle to prevent the disfiguration caused by pitting. *Iodoform* (401) is said to prevent pustules. In hyperpyrexia, *sponging* or the *wet sheet* (420).

VERSION. See Uterus (Displacements).

VERTIGO—*Dizziness or swimming of the head* is, unless a symptom of some cerebral or womb disease, an individual functional affection (*Ménière's disease*), characterized by a sensation, similar to that, caused by continued rotatory movements, so as to be unable to stand without support, combined with forgetfulness. It is incident, *e. g.* to excessive venery, and smoking of too much or too strong tobacco. *Treatment* according to cause—*Digital.* (p. 78); in aural vertigo, *Quinine* (p. 76).

VISION. See Eye.

VOMITING AND NAUSEA—A sick feeling combined or no, with a forcible ejection of the contents of the stomach through the mouth, may be due to cerebral or kidney disease, or to gastritis, gastric ulcer and other lesions of the stomach; but it occurs also in cases of chronic dyspepsia, where the stomach seems to be intolerant

of all forms of nourishment; sometimes rupture is the cause (see *Hernia*—p. 262); and in women, it is frequently a sign of pregnancy. *Treatment*—*Belladonna*, *Camphora*, *Cyan* or *Chloroform* (43, 56, 61 & 67), *Creosote* and *Strychnos* (138 & 184), all are employed, and will occasionally be of service; or *Calomel v. Hydr. c. Creta* in small doses; a small piece of *ice* swallowed, will act sometimes like a charm. *Bismuth* or *Pepsin* (pp. 46 & 84), see *Dyspepsia*; *Aq. Calcis* or *Potass* (119) if chronic; *Alum* (p. 62) in consumption from cough; if *sarcina*, *sulfites* (33), see *Sarcina*. In vomiting of pregnancy, in addition to those named, *Brom*, *Ipecacuanha* (46 & 181); *Aq. Calcis c. Lacte* or *Acid. citric.* (pp. 42 & 56); *Cerium* and *Morphia* (pp. 29 & 37); if hysterical, *Cocaine* (pp. 77 & 115); if from alcoholism, *Gelsemium*, *Capsicum* (pp. 33 & 75); *Sol. Fowl.* half a drop in water half-hourly. *Iodine* (p. 15), is said to check the vomiting in cholera. Vomiting in infants, if from mother's milk, will stop upon weaning.

**VULVA**—*Hyperæsthesia*. Excessive sensibility may involve the whole surface of the vulva, or it may be confined to the vestibule, one *labium (minus)*, or to the meatus. In any case it makes sexual intercourse very painful, even with a large and otherwise healthy *ostium vaginæ*. Unless due to an irritable caruncle (see *Urethra*), it is either idiopathic, or associated with chronic vulvitis. *Treatment* is essentially local—*Alum*, *Borax*, *Tannin* (340 & 46); *Belladonna* or *Cocaine* (350 & 396); though *toniccathartics* (p. 95) may be sometimes of service.

*Pruritus Vulvæ*—Itching of the part has a multitude of causes: Exclusive local inflammations, as vulvitis or vaginitis; or irritation produced by vaginal discharges,

eruptions, or parasites, it may be due to scrofula, suppression of menses, excessive heat of the season, indolent habits, and not seldom, to want of cleanliness. *Pruritus pudendi* is sometimes constant, sometimes intermittent, and may ultimately lead to complete nervous derangement and a general break-down of the constitution. *Treatment*—Above all, removal of cause, if possible. *Calomel* or *salines* (pp. 92 & 96), if plethora; *Soda* or *Aloes* (191 & 197) according to indications. Locally, *Alum*, *Borax*, *Plumbum*, *Phenol* (337 & 46); *Camphora*, *Bismuth*, *Zinc* (339, 345 & 59); *Chloroform* and *Creosote* or *Atropin* (350, 51 & 56). In diabetes, the parts should be bathed and protected with some ointment after urination; and where bristly hairs are found on the mucous surface of the *labia majora* they should be removed. A magnifying glass (263) may sometimes be necessary to discover them.

*Vulvitis*—Inflammation of the vulva is characterized by swelling and heat of the parts, attended by burning and itching; and if the urethra be involved, scalding in micturition. In the *purulent form* this first stage will be followed by superficial ulcers, which may appear all over the surface of the vulva; whilst in the *follicular form* the increased, sometimes very offensive smelling secretion, is limited to the glands—if the muciparous follicles are chiefly affected, the *mucosa* of the vulva, especially on the edges of the lower vaginal *rugæ*, the *nymphæ* and *carunculæ*, will be found intensely red in spots or patches, which bleed on the slightest irritation; and if the sebaceous and piliferous glands are principally involved, little red papillæ will cover the surface of the *labia majora et minora*, and the base of the clitoris.

Both forms may result from vaginitis, exanthemata, want of cleanliness, friction and onanism, or excessive venery. *Treatment*—*Saline cathartics* (p. 96) with *cooling* and *emollient applications* (337). Afterwards *Argentum nitricum* or *Ferrum persulf.* (343 & 45). The parts should be constantly kept dusted with *Lycopodium*, *Bismuth* or *starch*.

*The gangrenous form* begins with a small patch or vesicle of a blackish hue, which leaves soon an ulcer. As the purplish œdematous state of the labia, in conjunction with the grave constitutional symptoms, showing its connection with puerperal and other continued fevers, renders the diagnosis perfectly easy—with diphtheria it cannot possibly be confounded on account of the absence of false membranes—there should be no delay for a prompt and energetic *treatment*. Aside from a nutritious diet, wine and other stimulants, a powerful caustic: *The actual cautery* or *Acidum nitricum vel hydrochloratum* should be used at once for destroying the gangrenous spots (the patient being anæsthetized), and then the whole covered with *antiseptic poultices*. Internally *Chininum cum Ferro* (p. 11). *Noma* affects sometimes the *labia pudendi* of young female children: After two or three days of low fever, the little patient is observed to suffer considerable while making water; and on examination the labia present a livid, erysipelatous redness and vesications, that are rapidly followed by phagedænic ulcers. The disease, which, in its causes, nature and symptoms resembles *cancrum oris*, must be treated on the same principles as the latter affection.

*Phlegmonous Inflammation of the labia majora* commences like acute abscess elsewhere, with fever; throbb-

ing pain; bright redness; and much swelling: firm in the center and œdematous around. The formation of pus is indicated by an abatement of the fever and pain, which latter is converted into a sense of weight and tension. Care must be taken to differentiate phlegmon from enterocele (see *Hernia pudendi*) or displacement of an ovary. Serous engorgement and bloody tumor (see *Hydrocele* resp. *Hæmatocele*), even œdema labiorum and vulvitis have been mistaken for it. **Treatment**—*Saline cathartics* (p. 95) with *cold compresses* or *lead and opium wash* (337) at the beginning; afterwards *poultices*, and as soon as there are signs of fluctuation, the knife.

*Abscess of the vulvo-vaginal glands* is characterized by a hard, painful, and perhaps fluctuating tumor about the size of a small egg, with a limited and distinct globular outline, which is easily distinguished from a cyst by the presence of inflammation. **Treatment** like that indicated for phlegmonous inflammation. If the abscess does not open of itself: the *lancet*.

*Hypertrophy of Nymphæ* unless congenital, is generally due to excessive excitement, or syphilis. If they are so much changed as to interfere with sexual intercourse or walking, they must be *excised* with curved scissors, after having passed a number of threads through the roots, so that the borders of the wound may be brought together and united by first intention. As a rule, cauterization of the cut surface suffices to stop the bleeding; for though the *labia interna* are more vascular than the *externa*, the vessels are too small to produce much hemorrhage.

*Eruptive Diseases of the Vulva* usually create sooner

or later vulvitis, which has to be taken into account in the treatment of the latter, since they require the same remedies as they do in other parts of the body. *Pruritus* is one of the most constant signs, and the itching, which it produces often first attracts attention to their presence. In *prurigo* the vulva presents large, scattered papules, which are generally denuded at their points of cuticle. *Lichen* shows more numerous papules, which rest upon a thickened and somewhat indurated surface.

*Acne* consists in engorgement of the sebaceous follicles, which stud the labial surfaces. *Eczema*, which in diabetes and vesico-vaginal fistula often constitutes a very troublesome complication, presents vesicles, which, as an acute disorder, may rapidly heal again; but sometimes there are successive crops of them, which will exhaust the strength of the patient in consequence of the nervous excitement and irritability they occasion. *Erysipelas* and *Erythema* are always accompanied by graver symptoms, than when affecting other parts.

WAKEFULNESS. See Insomnia.

WARTS. See Skin (Neoplasms).

WEAKNESS. See Debility, resp. Impotenz.

WHITES. See Leucorrhœa.

WHITLOW. See Onychia.

WORMS. See Helminthiasis.

WOUNDS—A solution of continuity or separation of continuous parts by violence, is usually directed from the cutaneous or mucous surfaces; but sometimes it is caused within the body by broken bones, etc. Incised wounds (those made by a clean-cutting instrument), which are usually produced with the least violence, generally admit most easily of repair, while lacerated and



contused ones are more prone to slough or suppurate, though they do not bleed much. Punctured wounds are dangerous from the possibility that deep-seated extravasation of blood or abscess may follow. *Treatment* consists in *checking bleeding*, which in most cases may be accomplished by a raised position, moderate pressure, cold compresses and *styptic applications* (415 & 16), see Hemorrhage; *removal of foreign bodies* (with forceps or sponge and water); *bringing the divided parts into their natural position and keeping them in union*—which may be obtained with strips of *adhesive plaster*, covered by a compress or bandage, with *collodion* or by *sutures* (interrupted, twisted, continuous or quill, as may be required); and lastly by preventing supuration and fever—which is most effectually done by the *antiseptic method* (p. 139).

*If any small portion of the body* (as finger, part of nose for instance), has been completely cut off, it may unite again, even after several hours, if it is reapplied, retained with plaster or by sutures, and *wrapped up, so as to preserve its temperature*. *Open wounds* will heal best by forming a scab: *Pledgets of lint*, soaked in *blood*, *friars balsam*, or *Quebracho* are placed on the wound to there adhere; or by the use of simple *water dressing* with some *antiseptic*. If there be pain, restlessness and shivering, an incision may be necessary. *Punctured wounds* should be kept at perfect rest and *bandaged* sufficient firmly to prevent subcutaneous oozing of the blood, which is the most likely cause of inflammation. *Gun-shot wounds* of the thorax or abdomen are always followed by more or less collapse, from which the patient should not be roused too soon,



*if large vessels are supposed to have been injured.* He should be placed on a bed, with his head low, and carefully watched in order to prevent the collapse from going too far, by the judicious application of *stimulants*, *warmth*, etc. In case of hemorrhage, *pressure* and the *ligature* (if intermediary, which may occur after reaction has taken place, or secondary, which may take place up to the 25th day after the injury, the same treatment, see Hemorrhage). The exploration of the wound should be made, if possible, before swelling and œdema have come on. Sometimes the right forefinger, aided by counter-pressure of the other hand will suffice, especially if the wound be dilated, to allow its entrance; but generally probes for this purpose have to be resorted to. The extraction of the ball is best accomplished by means of forceps; for small, loose fragments, a bullet-scoop may be of service. *Gun-shot wounds of the scalp with fracture of the skull* should be carefully examined with the finger, if there is *a depression*. In this case the depressed bone should be lifted by means of an elevator, especially if there are symptoms of compression; if not, the operation may be delayed until cerebral symptoms appear. In fracture of the skull *without depression*, *cold compresses* to the head, in conjunction with *cathartics* (p. 88), and rest. The formation of pus, which would be indicated by severe rigors with head symptoms, coming on from fifteen to thirty days after the injury, requires evacuation, after having removed a portion of bone with the trephine. *Gun-shot wounds of the face* are sometimes complicated with injury to the brain. Plastic surgery may be occasionally desirable, and *ligature* of the *carotis* necessary (416). All loose

spicula of bone should be removed, the parts by sutures adjusted, and covered with light *antiseptic dressings*. If the jaw be fractured, it should be maintained in position by means of the perforated wire or gutta-percha splint. *Wounds of arteries* require first of all, firm pressure to arrest the bleeding, by means of a finger on the vessel; in wide and deep wounds, by placing the finger on the exact spots where the blood issues from; by tying a handkerchief *with a stone* round the limb and twisting it tightly with a stick in default of a tourniquet. If the arteries are numerous and small, pressure by means of *cold compresses* in conjunction with *styp-tics* will suffice, *Tinct. vel Liq. Ferri chlorati, Argentum nitricum, Ol. Teræbinthinæ, Creosote*. A pinch or a pull *with the forceps* will often cause small vessels to cease bleeding. Many obstinate hemorrhages from small vessels cease, when the wound is cleared of coagulum, and the bleeding part sluiced with cold water, and exposed to the air for some time, before it is bound up again. The *actual cautery at black heat* will be indicated for arteries, that either cannot be tied, or are too diseased to hold the ligature. If the vessels are large, the *ligature* (416), or still better, *acupressure* or *torsion* will be the proper thing.

The method of employing *acupressure* is either, by passing a needle of, from three to six inches in length (according to the thickness of the wound) through one of the flaps of a wound *over the vessel* in the same way as we would fasten with a pin the stalk of a flower to our coat; or a sewing needle is passed *behind the vessel*, and a fine iron wire having been slipped over its point, is brought over the vessel tightly enough to close it, and

secured with a slight twist round the eye-end. *Torsion* is performed by drawing out the vessel from its sheath by a pair of broad-pointed spring-forceps, and then twisting it round freely as far as its natural connections above will allow; or by fixing the vessel with one pair of forceps a quarter or half an inch from the end, and then twisting the end with another pair till it does not untwist itself. Arteries situated immediately over a bone may be closed with a *graduated compress*. A puncture or partial division of an artery is generally more troublesome than complete division, as neither contraction nor retraction of the vessel can take place; therefore small arteries should in these cases be completely divided.

In cases of arterial hemorrhage, which there is difficulty in restraining by ligature or otherwise, the patient should be kept in the recumbent posture. The diet should consist of milk, broth, and such substances, which nourish without stimulating; and *Opium* (p. 35) may be given to tranquilize the heart's action. If life is endangered by the loss of blood, the head must be kept low; *beef-tea* with *brandy* (p. 72) be given frequently by spoonfuls, and small doses of *Opium* every three or four hours. As a last resource, *transfusion* should be resorted to.

*Wounds of veins* are as a rule easily closed by pressure in conjunction with a raised position; sometimes however they may require the *ligature* or *acupressure*.

*Wounds from stings and bites of insects* must be cauterized with *Aqua Ammoniacæ*, *Acid. nitr.* or *Soda* (407). *A wound from a bite of a rabid animal* should be well sucked, a ligature put above the bitten part, and as soon as possible cut out and freely cauterized with *Argenti Nitras*. In

Snakebite, *brandy* may be exhibited freely; *Ammonii Carbonas* or *Cedron* (pp. 10 & 73); *Mangan* (403) has been recommended. *Poisoned wounds* (*Ptomain*) from *dissection* or from *operation* will cause blood poisoning: Inflammation of the glands, abscesses, erysipelas, etc., accompanied by constitutional symptoms. They claim aside from *tonics* (p. 71) and *cathartics* (p. 71) an antiseptic treatment: *Resorcin*, *Mercury* or *Phenol* (396-98). *Zinc* or *Benzol* (403); *Medicated cotton* (416) etc., see Septicæmia.

WRISTDROP. See Paralysis from lead poison.

WRITER'S CRAMP. See Spasm.

WRYNECK (*Caput obstipum*)—A peculiar distortion, in which the head is bent down towards one shoulder, the face being turned to the opposite side; and unless congenital, dependent on some intra-cranial or spinal affection of the *spinal accessory*; or what is more usual, an inflammatory spasm of one of the *sterno-cleido-mastoidei*, which feels hot and tender, and upon the slightest motion, painful, (see Spasm and Myalgia—Torticollis rheumaticus). *Treatment*—In fresh cases, next to perfect rest, *poultices* and *fomentations*, a generous diet in conjunction with *cathartics* (p. 88) and *tonics*, especially *Quinine* and *Zinc* (pp. 77 & 87). The use of a machine or gutta-percha collar with a chin and shoulder piece, to keep up extension in cases of no long duration. The congenital form will probably require division of the sternal origin of the muscles.

YELLOW FEVER. See Fever.

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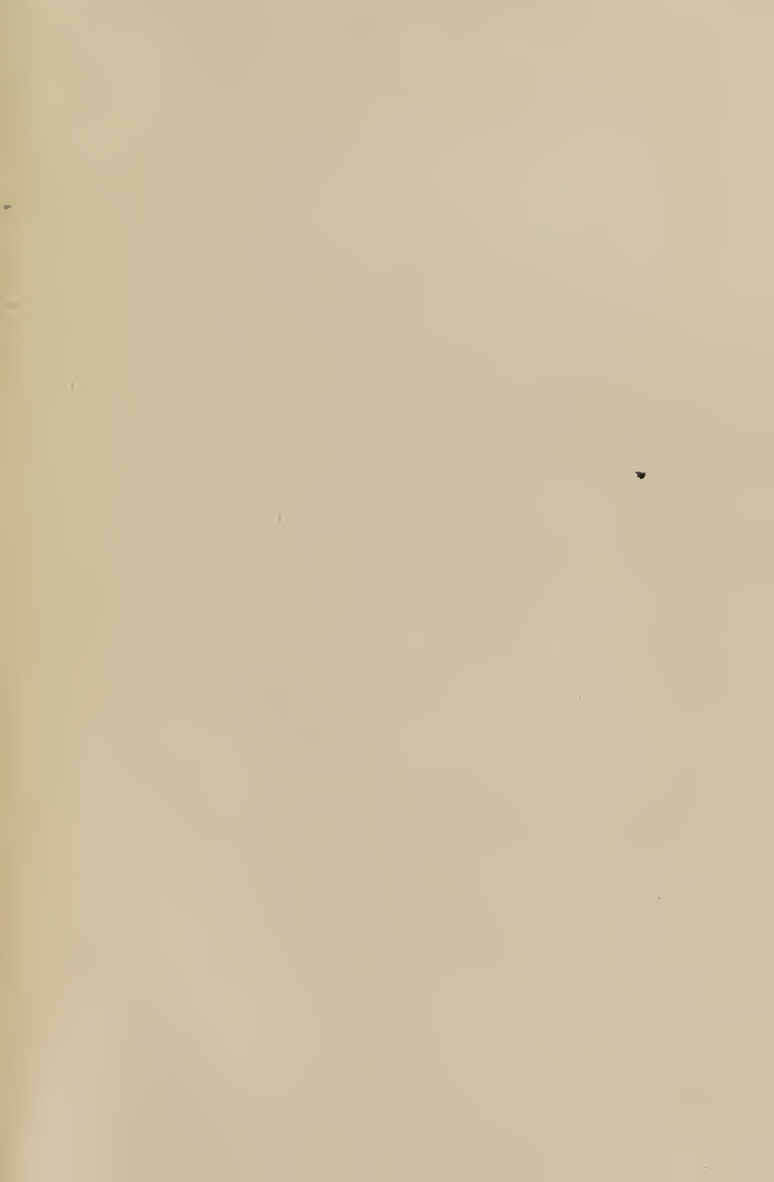
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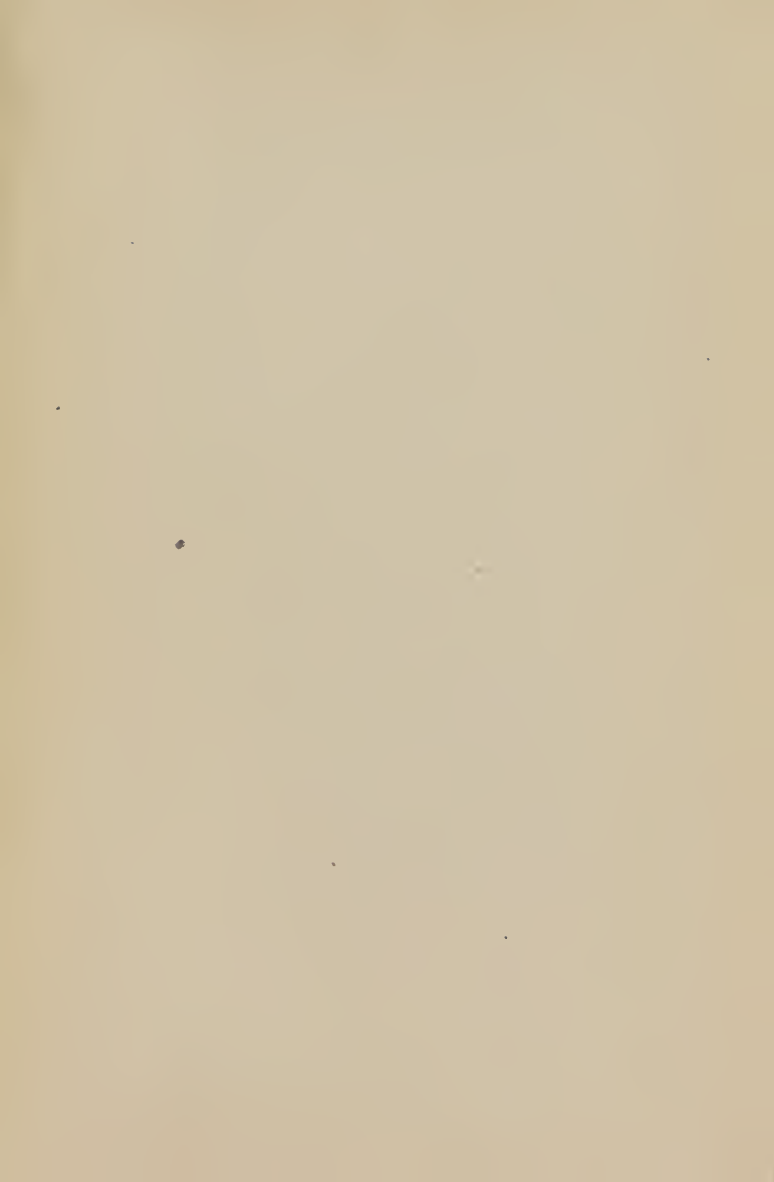
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